

CHEMIST & DRUGGIST

The newsweekly for pharmacy

February 5, 1994

THE CRÈME DE LA CRÈME



Cream E45 is dominating other therapeutic moisturisers, both in units sold and sterling value.¹ And its rate of sale is 8 times that of the nearest competitor.²

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Sources: Nielsen Defined Dry Skin Market - Pharmacies & Drugstores. 1. 12 months to Oct. 1993 2. Sep./Oct. 1993
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Accreditation scheme from Dorset LPC

Employees keen to stand in LPC elections

NPA weighs into Cornish dispute

Update looks at gene therapy

£102m price tag for Chiroscience



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NEW LOTION E45 ESSENTIAL MOISTURE REPLACEMENT

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 MRPharmS
Assistant Editor: Jane Feely, PhD,
 MRPharmS
Business Editor: Anna Evangelii, BSc
Beauty Editor: Sarah Purcell, BA
Technical Editor: Maria Murray, MRPharmS
Reporters: Jo Grimes, MRPharmS
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Advertisement Director:
 Frances Shortland

PUBLISHER

Ron Salmon, FRPharmS

PUBLISHING DIRECTOR

Felim O'Brien

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Comment

There have been encouraging signs in the first few weeks of 1994 that pharmacists are at last getting to grips with the "new way" of doing things in the NHS. Local pharmaceutical committees in several parts of the country have been seeing positive outcomes, or at least signs of positive progress, on initiatives set in train last year. The catalogue is quite impressive, given community pharmacists' track record to date.

South West Thames LPCs are unlikely to get all the £1.3 million they bid for (C&D January 8), but their proposals have been favourably received; Liverpool LPC has negotiated a 60 per cent increase in the amount spent on pharmacy health promotion (C&D January 15); Manchester pharmacists have gained higher payments for their needle and syringe exchange scheme (C&D January 22); and Humberside pharmacists, meanwhile, have won a tender to manage a similar service for their health authority (C&D January 29).

This week it is the turn of Dorset LPC, which has unveiled the outcome of talks with Dorset Health Commission, a combined health authority/FHSA body that will become more common as plans to sweep away the regional tier of NHS management become effective later this year.

Dorset has been working on an accreditation scheme which

guarantees the purchaser (the Commission) a standard of pharmaceutical care. Contractors who become accredited can expect an additional £600 revenue a year, with the prospect of increments for services such as domiciliary care and 24-hour cover. Dorset LPC suggests its scheme could act as a model in areas where there are "uncommitted" family health services authorities.

It is important that such model schemes are given as much consideration as possible by those "uncommitted" FHSAs in view of the fact that they will soon be acting as a channel of payment to contractors, a role for which many authorities are reportedly poorly prepared. It is primarily a job for the LPC to brief the FHSA, particularly in differentiating between those areas which should be paid for from its slice of the global sum and those for which additional funding will be needed.

At a national level, the Pharmaceutical Services Negotiating Committee is trying to determine what the Department of Health is expecting FHSAs to fund from their slice. It may never get a definitive answer, leaving it to local sentiment. In any event, in this type of situation it must be politic for pharmacists to get their cards on the table first, to write the agenda as they would like to see it. You never know, it might get official endorsement!



Will they ever learn?

Despite the Proprietary Association of Great Britain's efforts to inform GPs of current over-the-counter medication, at least one doctor has managed to miss out.

In an article in this month's *Sainsbury's, The Magazine*, which is sold at grocery check-outs, Dr James Le Fanu, who claims to be a "family doctor", misleads the public on several aspects of the OTC market.

The article gives "a list of conditions you can treat with non-prescription drugs. The generic version is often cheaper than a proprietary brand, so ask for it," he tells readers.

The list of conditions includes eczema, which Dr Le Fanu tells his readers they can treat OTC with hydrocortisone cream. He also suggests that people treat asthma OTC with cromoglycate and beclomethasone; peptic ulcers with cimetidine or famotidine; and sinusitis with dextromethorphan!

Dr Le Fanu does express concern that "the public will now have to make a stab at diagnosing their own ailments."

"But this is rarely difficult," he continues. "If in doubt, friends are usually happy to advise or ask your local pharmacist."

Homoeopathy regulations

Regulations implementing a Homoeopathic Registration Scheme have now been published (*C&D* last week, p154).

The Medicines (Homoeopathic Medicinal Products for Human Use) Regulations 1994 (SI No 105, HMSO £2.80) bring into operation a simplified scheme for registration of homoeopathic medicines and outline procedures for obtaining certificates.

The Medicines (Labelling and Leaflets) Amendment Regulations 1994 (SI No 104, HMSO £1.55) set out the details to be included on the labels and in leaflets.

The Medicines (Advisory Board on the Registration of Homoeopathic Products) Order 1994 (SI No 102, HMSO £1.10) establishes a committee to advise on the safety and quality of products.

All are effective from Feb 14.

Dorset get accreditation scheme for pharmacies

An accreditation scheme for community pharmacies is being hailed as a model agreement between purchasers and providers by its originators, Dorset Local Pharmaceutical Committee.

The scheme has been formulated in conjunction with Dorset Health Commission, which has indicated that funding will be available in addition to that from central funds.

The accreditation scheme is made up of five modules, four of which are compulsory and a fifth which provides for optional services and development products.

The compulsory modules comprise education; health promotion and training; the safe use of medicines (keeping patient medication records and medicine disposal); and quality (professional standards and audit of activity).

A peer review group will be established to advise, where appropriate, on appeals, and the scheme will be monitored jointly with regular review by the LPC and the DHC.

LPC spokesman Bill Ritchie says the challenge was to create a standard which was attainable but which also guaranteed the DHC, as purchaser of pharmacy services, a standard of pharmaceutical care across the county.

Although the LPC enjoys a good working relationship with the DHC, Mr Ritchie stresses that does not mean they can expect money for nothing.

"We have to present a good case to the Commission and then they will consider it on its merits," he says.

"We see the accreditation scheme as an attempt to show the purchaser what we, as a

profession, are selling."

In the first year of collaboration between the DHC and the LPC, funding was set at £30,000, most of which went on training. In the second year this was doubled to £60,000 and this year the figure stands at £84,000.

Mr Ritchie recognises that some pharmacies may not want to take part in the accreditation scheme but, by gauging reaction to the proposals so far, he believes that most will want to be involved.

Initially contractors who do participate can expect an additional £600 a year for being accredited, but Mr Ritchie stresses that this is just a starting point. The modules allow for services such as domiciliary care and 24-hour cover and clearly, he says, pharmacists will not be

expected to do these things for nothing.

Negotiations are on-going and will include plans for how accredited pharmacies can be identified by the public.

Dorset LPC believes that the scheme could act as a model for agreement between purchasers and providers, particularly in areas where there are "uncommitted" family health services authorities.

"We are fortunate that we have an LPC that is willing to roll up its sleeves and get on with the job, but we are also fortunate that we have a Health Commission that will listen to our ideas," he says.

The DHC also provided funds for two residential update conferences last year and a further one will be held in March.

Mawhinney hints on pay

David Blunkett, Labour's shadow health secretary, has questioned the Government about the provision made in the NHS budget for 1994-95 for the implementation of the recommendations of the pay review bodies.

Dr Brian Mawhinney recalled that, at the time of last year's Autumn statement, it was an-

nounced that the NHS had been given additional resources of some £1.6 billion for 1994-95.

He said: "If pay rises are earned through increased efficiency, as the Government urged in its evidence to the review bodies, these resources will make possible an increase in activity of around 4 per cent."

Controlled cannabis prescribing favoured

Nearly three-quarters of hospital doctors would like to see the law changed to allow prescribing of cannabis on a strictly controlled basis where there are proven benefits, a survey has revealed.

The results, published in the February issue of *BMA News Review*, shows that nearly two-

thirds of 150 doctors questioned believe they should be able to prescribe cannabis as they do other drugs such as hypnotics and anxiolytics.

A substantial minority — 33 per cent — even went as far as to say that the use of cannabis should be decriminalised.

The survey revealed a generation gap among doctors regarding the relaxation of cannabis laws. While more than 80 per cent of doctors under the age of 39 say that cannabis should be available on a controlled basis, that figure falls to 56 per cent among 50 to 59-year-olds.

Confirmation of new RHAs

Boundaries for the eight new regional health authorities and their chairmen were confirmed by Health Secretary Virginia Bottomley this week. The changes will come into effect from April 1.

The only alteration to the original proposal after consultation will be that the districts of East and West Cumbria will become part of the new Northern and Yorkshire region, not the North West as originally proposed. Statutory instruments to establish the new regions will be laid before Parliament early in March.

The eight new regions and chairmen are as follows:

- Anglia and Oxford (previously East Anglia & Oxford): Dr Stuart Burgess CBE, current chairman of Oxford RHA.
- Northern and Yorkshire (previously North East & Yorkshire): John Greetham CBE, chairman of St James' University Hospital NHS Trust since December 1990.
- Trent: Sir Michael Carlisle, chairman of Trent RHA since 1982. Sir Michael will be standing down at the end of July 1994 to be succeeded by Keith Ackroyd, managing director of the retail division of Boots.
- North Thames: Sir William Staveley GCB, chairman of North

East Thames RHA since January 1993.

- South Thames: William Wells, chairman of the Royal Free Hampstead NHS Trust since December 1990.

- South and West (previously South West): Rennie Fritchie, chairwoman of South Western RHA since 1992.

- West Midlands: Bryan Baker, chairman of West Midlands RHA since 1992.

- North West: Sir Donald Wilson DL, chairman of Mersey RHA since 1982.

Staffs formulary circulated

A joint formulary is being sent to every community pharmacist, GP and hospital doctor in the North Staffordshire area this month. The aim of the formulary is to harmonise drug prescribing and lessen the need for treatment to be changed when patients are admitted to or discharged from hospital.

The formulary has been devised by a working party comprising a clinical pharmacologist, a GP, a formulary pharmacist and an FHSA pharmaceutical adviser.

The formulary is divided into sections corresponding to the BNF. Where a drug is used in hospital and not normally initiated by the GP in the community, it is prefixed by an 'H'. Hospital consultant drugs are prefixed by a 'C' and 'GP' is used where the drug would normally only be prescribed in general practice.

Medicines which are more expensive in the community than in hospital are also identified. GPs are under no obligation to abide by the formulary as hospital doctors are.

South West RHA medicines campaign

South Western Regional Health Authority has launched a major campaign aimed at promoting safer and better use of medicines.

The region-wide initiative covers Gloucestershire, Avon, Somerset, Devon and Cornwall and the Isles of Scilly. Thousands of leaflets and posters are being distributed to the region's 555 GP practices and 655 community pharmacies.

Topics include the safe use of medicines, the use of generic products and educating the public not to expect a prescription every time they see their GP. The campaign links in

with local DUMP initiatives, co-ordinated by local family health services authorities.

In the South West, doctors spend around £221 million each year in prescribing medicines, a cost that is rising. The RHA hopes that the campaign will go some way towards saving money.

The RHA's assistant director of corporate management Ian Plaister says the campaign has two aims, first to provide information about the safe use of prescribed medicines, and second to explain that there is often an alternative which that may be just as effective and

in some cases more appropriate.

Alternatives include OTC medicines and lifestyle changes such as taking regular exercise, he says.

"If we can persuade doctors and patients alike to think in terms of alternatives to a prescribed medicine, we should be able to slow the rising cost of prescribing and put extra resources into healthcare."

Cornwall & Isles of Scilly District and Family Health Services Authority recently launched a similar campaign called "Help Us Help You" (C&D January 22, p119).

Employees contest seats in 80 LPCs

The number of local pharmaceutical committee elections being contested this year has more than doubled since the last LPC elections four years ago.

Of the 98 LPCs in the UK, 90 will be holding elections for their contractor and employee pharmacist members this year. Seats are being contested in 80 of the

employee elections, as more pharmacists put themselves forward as candidates than seats are available. Last time around years ago only 35 LPCs held employee elections.

"There is very much increased interest. I would put it down to the recent unacceptable round of negotiations," said Gordon Geddes, assistant secretary at the Pharmaceutical Services Negotiating Committee.

"Much of the increased interest is perhaps a result of multiples which are strong in certain areas."

A spokesman for Boots said: "We have drawn the attention of our pharmacists to the LPC elections and encouraged them to put their names forward and, of course, to use their votes."

In Avon, 15 people are standing for three employee pharmacist seats this year. Eight candidates are from multiples and the rest are from local independents.

Alister Rutherford, Avon LPC secretary, says: "Employees are beginning to see how the profession will develop. It is a tragedy that 12 of them will not be able to get on to the LPC. This points towards the structure of the LPC needing to be more closely examined. There may be a need for more employee representation."

Avon LPC is sending out manifestoes for each candidate with a 200 word policy statement and a personality summary of the candidate.

The number of contractor elections to be contested has also increased but not as drastically as employee elections. Some 17 contractor elections were contested four years ago and that number has increased to 27 this time.

In Devon, eight applications have been received for only three employee seats and 14 for nine contractor seats.

Andrew McCoig, Croydon LPC chairman, says: "There is much more interest in the LPC elections this time. It is an extremely encouraging sign for pharmacy."

A higher turnout of voters is also expected in the Croydon elections: "Compared to the last elections three years ago, my workload associated with the LPC has tripled."

More than half the PSNC regional representative positions are being contested this time, whereas only one fifth were brought to an election last time. Ballot papers will be issued no later than February 11 and should be back at the PSNC by February 25. LPC terms of office start on April 1 and PSNC on May 1.

Clitherow seeks direct election to the PSNC

Jeremy Clitherow, secretary of Liverpool Local Pharmaceutical Committee, is seeking direct election to the Pharmaceutical Services Negotiating Committee.

Currently Mr Clitherow, who is board member of the National Pharmaceutical Association for Merseyside, sits on the PSNC as an NPA appointee.

However, at the January NPA Board meeting, he informed the Association that he wished to tender his resignation as an NPA appointee to the PSNC with effect from April. This was, he said, to avoid any suggestion that he and other Board members were given "two bites at the PSNC cherry".

Whether or not he was successful in the direct election, Mr Clitherow said he would not allow his name to go forward for consideration as an NPA appointee until the Spring of 1995 at the earliest.

- Mr Clitherow has been reappointed to the Prescription

Pricing Authority as pharmacy representative. He is the only pharmacist and his term of office will last until November 1996.

Regional candidates standing for election to the PSNC

Northern: A.M. Tweedie
Yorkshire: R.J. Hazlehurst
Trent: N. Baumber, P. Cattee, F.J. Hind
East Anglia: D. Coleman, J.P. Schofield
NW Thames: R.S. Gidar, J. Kirby
NE Thames: H. Patel, A. Spivack
SE Thames: P.C. Holman
SW Thames: A. McCoig, I. Patel
Wessex: D.S. Plumb
Oxford: P.B. Dean
South Western: A.A. Allen, A.O. Bond
West Midlands: P. Alesbury, C.I. McArdle, C.G. Murray
Mersey: J. Clitherow, S.J. Williams
North Western: M. Gellman, D.N. Maxwell
Wales: I. Phillips

NPA funds pharmacists' appliance opposition

Cornish pharmacists are up in arms over a decision by Cornwall & Isles of Scilly Family Health Services Authority, upheld by the FHSA Unit, to grant a new appliance contract at the Royal Cornwall Hospital, Truro.

Although at present there are no appliance contractors in the area, the pharmacists believe that existing services are adequate for local needs. They plan to apply for a judicial review of the decision, and the National Pharmaceutical Association is providing financial backing.

The contract, granted to a Mr P. Baker of Treliske Medical Services, will allow the supply of appliances from the hospital premises. In turn, Mr Baker will sponsor a stoma nurse in conjunction with the FHSA.

The pharmacists will base their case on two factors:

- the FHSA has decreed that the whole of Cornwall and the Isles of Scilly constitutes a "neighbourhood"

- in sponsoring a stoma nurse, Mr Baker is behaving unethically and is in breach of the NHS Management Executive Guidelines on Standards of Business Conduct for NHS staff. This opposes commercial sponsorship of posts, a link deal between purchasers and suppliers, unless "it has been made clear to companies that sponsorship will have no effect on purchasing decisions within the authority".

John D'Arcy, pharmacist administrator at the NPA, says: "The decision [by the Appeals Unit] is flawed as it has come to a

conclusion that no other body could reach. It has to be challengeable."

He is particularly concerned with the "neighbourhood" issue, which the NPA Board and lawyers believe to be nonsensical. They also feel that a judicial review will highlight the inequity of the current system of payment to appliance suppliers, which discriminates against pharmacists.

Local Pharmaceutical Committee chairman Bill Williams says: "We are encouraged by the fact that we appear to have a reasonably good case which could have far-reaching effects throughout the country."

The pharmacists now have to apply to Court for leave for a judicial review. The decision is expected in one month.

NPA pushes for fixed prices in welfare milk scheme

The National Pharmaceutical Association has welcomed Department of Health's proposals to introduce a national scheme for the distribution of welfare foods through pharmacies.

But the Board, meeting last week, felt the scheme, involving a range of prices for different baby milks, would be cumbersome in practice and involve unnecessary paperwork. The DoH is to be pressed to adopt a fixed price mechanism for infant formulae and keep the scheme as simple as possible.

Representatives' freedom David Kaye reported that some

members in his area seemed to have misinterpreted the Board's statement that NPA appointees to the Pharmaceutical Services Negotiating Committee were not told how they should vote at PSNC meetings. He said it seemed as if NPA representatives were left to their own devices at the PSNC and therefore the NPA had no influence at all.

The Board reiterated its policy that while its nominees to other bodies were free to vote as they wished, they were expected to take account of NPA policy.

Advertising campaign The Board gave its approval to adverts which

will be used in the next NPA campaign to start in April.

Advertising agency McCann Erickson reported that the "photographs" campaign had worked well and the "go to your pharmacist for help/advice and for the treatment of minor ailments" was reaching its target audience clearly and consistently.

Water for injection As part of its ongoing efforts to deregulate water for injection from POM to P, the Board is to ask the Home Office for a change in the Misuse of Drugs Act.

Deregulated products Board members were concerned that TV advertising of medicines recently deregulated from POM to P might generate inappropriate demand and lead to customers buying medicines they did not need. They agreed that, in further meetings with manufacturers and the PAGB, the NPA would stress that advertising should emphasise the need for patients to seek a pharmacist's advice before buying OTC medicines.

Carbimazole Board members shared the British Thyroid Foundation's concerns that some patients on carbimazole are unaware of side-effects like neutropenia and agranulocytosis. The Board is to approach the Joint Formulary Committee of the BNF to discuss including a cautionary/advisory label in the BNF listing advising patients to see their doctor if they develop a severe sore throat.

Malaria campaign The Malaria Alert campaign will run again. A new edition of the "Beat the Bite" leaflet will be launched in May.

Warning on appliance dispensing scheme

Pharmacists are being warned to be cautious about participating in a new appliance dispensing scheme (*C&D* last week, p153).

The Pharmaceutical Services Negotiating Committee has sought legal advice on the scheme, and warns this week that it is likely to be in breach of the pharmacist's Terms of Service, which require them to submit scripts to the Prescription Pricing Authority within a certain time.

Sue Sharpe, director of legal services at the Royal Pharmaceutical Society, told *C&D* that a pharmacist who took part in a similar scheme was struck off the Register in 1992.

The pharmacist set up a separate company for which he obtained an appliance contractor's contract. He took in

appliance scripts at his pharmacy, but they were dispensed by the appliance company at the higher rate of remuneration.

He was given a six-month suspended sentence for deception as the court maintained he was deceiving patients into believing that the pharmacy was dispensing the prescriptions.

Mrs Sharpe thought that if pharmacists made it clear, by means of a notice in the shop or a verbal warning, that someone else was dispensing the prescriptions, they could avoid the risk of committing a criminal offence.

But problems could arise if pharmacists accepted mixed scripts for medicines and appliances because they would then be held to be dispensing appliances.

Script challenge

An elderly asthma patient is challenging the Government's position on free prescriptions for pensioners because he claims men are discriminated against. The Campaign for Equal State Pension Ages is backing 64-year-old Cyril Richardson's case, and hopes that free prescriptions for men will be extended to retired men aged 60 to 65.

Paracetamol use

There are "serious reservations" about the addition of an antidote to paracetamol which is safe in normal use, according to Health Minister Tom Sackville. "This would expose possibly millions of people for sometimes lengthy periods to the antidote unnecessarily." He was replying to a question from Jean Corston, Labour MP for Bristol East, who asked if steps would be taken to ensure that paracetamol was only marketed with an antidote.

More HA changes

From April 1, Merton & Sutton Health Authority will merge with Wandsworth HA to form Merton, Sutton & Wandsworth HA. In addition, a new authority in Bexley and Greenwich is to be created. From the same date, Wiltshire & Bath HA will replace the existing Salisbury, Swindon and Bath HAs, while the North & Mid-Hampshire HA will replace the existing Basingstoke, North Hampshire and Winchester authorities.

Continence Week

A week to promote awareness of incontinence in England will be held from March 13-19. One of its aims will be to show sufferers and professionals that the problems are common, often curable and always manageable. During the week, the Continence Foundation will run a helpline and on March 15 a conference on women and continence, chaired by Clare Rayner, will be held in London.

Heartbeat alert

A promotional mailshot for a new heart drug, which included a card programmed to emit the sound of a beating heart, triggered bomb scares at surgeries and health centres around the country (*Daily Telegraph* January 27). The ticking cards, sent by Lederle Laboratories, were mistaken for letter bombs.

ABPI sponsors book

A booklet for A-level general studies which reveals the secrets of DNA, and looks at some of the social and ethical issues raised by advances in gene technology, has been sponsored by the Association of the British Pharmaceutical Industry as part of its support for schools.

We need a new pay formula

After eulogising Tos O'Rourke last month, I have since received a letter from him to say I will be paid less for my work in the next three months. Anger was my first reaction then frustration.

I am currently witnessing a modest increase in prescription numbers, the fruits of considerable effort to improve my service and the image of my pharmacy. These fruits have now been spoiled and my motivation dashed.

Of course it is nothing to do with Tos: it is simply a feature of the way the Government pays us. The global sum does not take account of the amount of work we do. If a pharmacy dispenses 10 per cent more prescriptions in one year compared to the previous year then, logically, you would expect extra payment.

Where the 10 per cent increase is purely a reflection of a national

I was receiving my share of the global sum too quickly

increase in prescription numbers, the pharmacy will not be paid more. But if there is no national increase and the 10 per cent improvement for the pharmacy is due to a gain of prescriptions from other pharmacies, then the pharmacy will get more money.

The global sum, agreed at the beginning of the year, is unchanged. The formula for dividing the money among contractors is based on projected prescription numbers. This year, since we had a national increase in prescription numbers, the formula, if adhered to, would pay us too much.

Tos's letter was not saying that I will be paid less: it was simply saying that I was receiving my share of the global sum too quickly. This does not address question of why I will not be paid for doing extra work.

I do not have a simple answer, but I suggest we do away with the global sum, since it is no longer relevant as a method of calculating the money needed to provide an efficient pharmaceutical service. It fails to take account of overhead costs entirely.

It is time Tos O'Rourke and the other negotiators on the PCC develop a formula which ensures we are paid for the work we do. This will require some abstract thinking, but clearly the present situation is very unfair.

Written by a practising Northern Ireland community pharmacist.



Widen use of OTC Beconase

Allen & Hanburys were certainly quick off the mark with their launch of an over-the-counter pack of Beconase, and I predict a formidable success for them and ourselves (C&D January 29, p159).

The treatment of hayfever in patients who pay for their prescriptions has now become almost exclusively the responsibility of the pharmacist. But, as correctly stated by Allen & Hanburys, it is a market strongly influenced by pharmacist recommendation.

With Beconase and Opticrom in the same year, we now have the OTC tools to provide comprehensive relief to sufferers, and I for one intend grabbing that opportunity with both hands.

But a word of regret. It seems the license for Beconase has been limited to the treatment of seasonal rhinitis, which is only one part of the story. Many patients present with symptoms of allergic rhinitis at other times of the year which, although not "essential", would equally respond to the use of Beconase.

Considering its safety profile against other local and systemic decongestants, I do not understand why the licensed indication could not have been for allergic rhinitis — leaving the pharmacist to then determine its proper usage.

Envious of Liverpool

Once again, Liverpool Local Pharmaceutical Committee has taken the lead and is showing the rest of the country how to adapt to the new market-oriented philosophy (C&D January 29, p153).

Co-operation by all contractors in determining new fields for community pharmacy involvement and then actively pursuing them must be the way forward. If LPC-led, these initiatives should encompass all contractors.

Liverpool's motion for the LPC Conference — that the Pharmaceutical Services Negotiating Committee should resource a national practice development officer — demonstrates the constructive thinking of its committee, an approach to be unashamedly plagiarised by all other LPCs.

As their *coup de grâce*, they are also preparing to put their money where their mouth is by discussing as a priority the employment of an experienced pharmacist to market community pharmacy services to purchasing authorities.

After their spectacular success with needle exchange, I am sure this post will soon be up and running and achieving benefits for their community pharmacy members which will be the envy of us all.

Let us save to improve

Depressing figures indeed on the front page of PSNC News this month, with the average contractor now only achieving 17.2 per cent gross profit on their NHS dispensing.

I know that these figures are theoretically meaningless since we are only supposed to earn fees for services, but my accountant looks at them and is frankly amazed at the derisory payment we receive for an ever-demanding service.

But the hint of a change of heart may be on the horizon with the Government this

week, indicating that pay awards of up to 4 per cent could be funded from productivity savings.

Family health services authorities will soon be looking to pharmacies to improve their facilities, but this cannot any longer be accomplished in a financial vacuum where any costs savings are immediately clawed back by an avaricious Treasury.

A similar scheme to the doctors', whereby any savings achieved may be used to fund practice improvements, should now be devised for pharmacy. Demonstrable practice improvements could then, in part at least, be funded via our own business acumen.

End EPO controversy

One of the fastest growing alternative remedies are evening primrose oil and other GLA preparations. Certainly that is the case in my pharmacy, with an ever-expanding range of products.

The effect of this expanding market has been a decrease in the domination of Efamol as market leader, and this is what may have triggered the mud-slinging now being publicly witnessed between Dr David Horrobin of Efamol and his main rivals (C&D January 29, p154).

I have until now considered that efficacy of GLA products was a function of their declared strength, but if quality and source are significant factors, then I would like to know.

Unfortunately, evening primrose oil and similar products are sold as food supplements without any licensed medical control. This is a marvellous way of achieving heavy sales for minimum statutory expenditure but, when controversy erupts, it leaves the consumer confused and the market questionable.

In a week when homoeopathic medicines have at last been offered a register of respectability, the supplements market is once again being rocked by controversy. Whether labelled as such or not, these products are being taken for medicinal purposes and surely must now be made subject to some form of medicinal control.

Topical REFLECTIONS

Scriptspecials

Zirtek and Respacal as liquid presentations

Respacal (tulobeterol hydrochloride) and Zirtek (cetirizine dihydrochloride), previously only available in tablet form, are now available as liquids — Zirtek Drinkable Solution and Respacal Syrup.

Zirtek Drinkable Solution (200ml, £14.95), is a clear, colourless, banana-flavoured, sugar free drinkable solution with a slightly sweet taste containing 1mg/ml cetirizine dihydrochloride. The solution is supplied in amber-coloured glass bottles.

Cetirizine is a potent antihistamine with a low potential for drowsiness. It is indicated for the treatment of perennial rhinitis, seasonal allergic rhinitis (hay-

fever) and chronic idiopathic urticaria.

The recommended dose for adults and children over six years is either one 5ml spoonful twice daily or two 5ml spoonfuls once a day.

Respacal Syrup is a colourless, strawberry-flavoured, sugar-free solution containing tulobeterol hydrochloride 1mg/5ml (150ml, £4.48).

Respacal is indicated for the prophylaxis and control of bronchospasm in patients with reversible airways disease including bronchial asthma, chronic bronchitis and emphysema.

The recommended dose for adults is two 5ml spoonfuls of

syrup twice daily. The dosage may be increased to two 5ml spoonfuls three times daily if necessary depending on the level of clinical response.

In children aged 6-10 years, the dose is 2.5-5ml syrup twice daily, and over ten years of age 5-10ml syrup twice daily. Respacal has not been given to children under six years.

Respacal Syrup may be diluted 1:1 with Sorbitol solution. No other additives should be used. The syrup is preserved with methyl and propyl parahydroxybenzoates; these preservatives have been associated with allergic reactions in some patients. **Farillon Ltd. Tel: 0708 379000.**

Medical Matters

A few is better than none

Further proof that social drinkers live longer than abstainers or heavy drinkers has come from a new study in the *British Medical Journal*.

A Danish study of 7,234 men and 6,051 women aged 30 to 79 concluded that alcohol intake showed a U-shaped relation to mortality, with the lowest risk seen at one to six drinks weekly. This risk function was unaffected by sex, age, body mass index or smoking.

Total abstainers were found to have a relative risk of mortality of 1.37 and heavy drinkers a relative risk of 2.29. The authors also say their findings suggest that simple messages about the benefits of total abstinence may not be appropriate.

Capoten indication

Capoten is now licensed for use in post-myocardial infarction patients who have left ventricular dysfunction but no overt heart failure symptoms. The indication has been granted following evidence from clinical trials that early use of captopril can cut the number of deaths from MI by up to 21 per cent. **Bristol-Myers Squibb. Tel: 081-572 7422.**

PSNC notice

The PSNC says that, due to supply problems, the DoH has agreed to change spironolactone tablets 100mg (100 pack) to Category D for January prescriptions. Pharmacists are reminded to endorse prescriptions with manufacturer/brand and pack size.

Spiro-co tablets

Baker Norton are introducing Spiro-co, a potassium sparing diuretic, for the treatment of congestive heart failure. Spiro-co 25 tablets (100, £13.49) contain spironolactone 25mg and hydroflumethiazide 25mg. Spiro-co 50 tablets (28, £7.14) contain spironolactone 50mg and hydroflumethiazide 50mg. **Baker Norton Pharmaceuticals. Tel: 0279 426666.**

Butacote colour

A new formulation of Butacote 100mg tablets is being distributed, resulting in a colour change of the tablet from violet to pale blue. **Ciba Pharmaceuticals. Tel: 0403 272827.**

Sotacor colour

The dye is to be removed from Sotacor 80mg and 160mg tablets and a white presentation will be

introduced as existing stock is exhausted. **Bristol-Myers Squibb. Tel: 081-572 7422.**

Betasept range

Seton Healthcare are discontinuing the following Betasept products and replacing them with Betadine equivalents: Betasept Gargle and Mouthwash (150ml) is being replaced by Betadine Gargle and Mouthwash (250ml); Betasept Shampoo (150ml) is being replaced by Betadine Shampoo (250ml); and Betasept Acne Wash (125ml) is being replaced by Betadine Scalp & Skin Cleanser (250ml). Betadine products are direct equivalents of Betasept, and are also anti-viral, antifungal and antibacterial. **Seton Healthcare Group plc. Tel: 061-652 2222.**

Arelix 6mg packs

Due to technical reasons, the layout of the Arelix 6mg calendar foil has changed. **Hoechst UK Ltd. Tel: 081-570 7712.**

Accutrend meters

The Accutrend Mini blood glucose meter is now available at a trade price of £17.25 with an recommended retail price of £25 (plus VAT). From February 1, the trade price of the Accutrend blood glucose meter is being reduced from £34 to £23.46 and the recommended retail price from £49 to £34 (plus VAT). **Boehringer Mannheim UK (Diagnostics & Biochemicals) Ltd. Tel: 0273 480444.**

Ener-G tagliatelle

General Designs advise that the net weight of Ener-G tagliatelle has been changed from 300g to 400g. The price remains the same. The

company's new address and phone number is: **General Designs Ltd, PO Box 38, Kingston-upon-Thames, Surrey KT2 7YP (tel: 081-336 2323).**

Asmaven inhalers

Berk salbutamol inhalers are now branded as Asmaven. The list price for 10 x 200 dose inhalers is £21. **Berk Pharmaceuticals. Tel: 0532 380099.**

Special diet video

Cooking with Confidence is a video demonstrating a variety of wheat and gluten-free products, accompanied by a recipe booklet. It is designed to be used for pharmacy staff training or can be lent to customers who are on special diets. Further details from customer services at **Nutricia Dietary Products Ltd. Tel: 081-951 5155.**

Minims

Minims cyclopentolate 0.5 per cent is available again from Chauvin. The company does not foresee any supply problems arising in the future. **Chauvin Pharmaceuticals. Tel: 0708 349333.**

APS indapamide

Indapamide 2.5mg tablets is a new line from APS. The tablets are available in blister packs of 30 (£4.69) and 60 (£9.23). **Approved Prescriptions Services Ltd. Tel: 0532 380099.**

Metosyn lotion

The price of Metosyn Scalp Lotion (30ml) is being reduced from £2.59 to £1.56 from February 1 to make it competitive with other products on the market, say **Zeneca Pharma. Tel: 0625 535999.**

More support for Flixotide

Patients who are currently being treated for asthma with beclomethasone dipropionate or budesonide in excess of 1,000mcg daily should be changed to fluticasone propionate.

This was the conclusion of a panel of doctors meeting in London last week to present new clinical evidence for Flixotide (fluticasone propionate).

In a study of 154 patients comparing Flixotide 1,000mcg daily with beclomethasone dipropionate 2,000mcg daily, Flixotide was shown to be at least as effective as beclomethasone dipropionate at those doses.

Fluticasone propionate has negligible systemic bioavailability due to poor absorption from the GI tract and virtually complete first-pass metabolism in the liver.

Another study of 671 patients comparing Flixotide 1mg and 2mg daily with budesonide 1.6mg daily showed that Flixotide was more effective in treating patients with severe asthma than budesonide in both cases. Flixotide produced significant improvements in lung function while reducing the need for rescue medication.

In a further study on the treatment of mild to moderate asthma, Flixotide 200mcg daily was shown to be as effective as budesonide 400mcg daily.



**Once again our commercials will end up
giving you a sore throat.**

In December two commercials for Strepsils went back on national TV. When those commercials first appeared, we received our highest ever rate of sales in pharmacies. So naturally you'll want to ensure your stock is well displayed, because this year we will spend more than ever. And if you find that hard to swallow, you know what to take.



Otrivine, with Xylometazoline. Fast, effective relief from annoying blockages.



We all know what a nuisance blockages can be. So it's good

to know there's something clearing the way. Otrivine contains

Xylometazoline to quickly clear nasal congestion. This

powerful active ingredient gets up your nose

in seconds and gives relief for up to 10 hours.

Take it from the experts. Xylometazoline,

exclusively available to pharmacies, is one of

the most popular active ingredients recommended by doctors

for nasal congestion. In fact, they write around half a million

prescriptions for it every year. Which is why No.1 selling

Otrivine has its nose in front of the

competition. So while your customers might

struggle with maintenance work on the motorway,

way, at least their noses have the "all clear"



FOR FURTHER INFORMATION ON OTRIVINE, PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES. 'OTRIVINE' IS A REGISTERED TRADEMARK



Presentation: Otrivine® Adult Formula Nasal Drops and Spray contain 0.1% w/v Xylometazoline hydrochloride B.P. Otrivine® Children's Formula Nasal Drops contain 0.05% w/v Xylometazoline hydrochloride B.P. **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hayfever), sinusitis. **Dosage:** Adults: 2 or 3 drops of Otrivine® Adult Formula Nasal Drops or one application of Otrivine® Adult Formula Nasal Spray in each nostril, two or three times daily. NB Otrivine® Adult Formula Nasal Drops and Spray should not be used for children under the age of 12 years. **Children:** under 12: 1 or 2 drops of Otrivine® Children's Formula Nasal Drops in each nostril once or twice daily. Not to be used in infants less than 3 months. **Contra-Indications:** Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not use for more than 7 days. Caution in patients with cardiac disease or during pregnancy. **Side effects:** Local stinging and discomfort upon application, sneezing, dryness of the nose, headache. **Package Quantities and Retail Price:** Adult Formula Drops 10ml (PL0008/5023) £1.86, Adult Formula Spray 10ml (PL0008/5024) £1.95, Children's Formula Drops 10ml (PL0008/5025) £1.86. **Legal Category:** GSL. **Date of Preparation:** November 1993. **Distributor:** ZYMA HEALTHCARE, HOLLYWOOD, RH5 4NU. ®Trade Mark

Counterpoints

Vaseline smoothes skin overnight

Elida Gibbs have extended their Vaseline line with what they claim is the first mass market overnight body moisturiser.

Vaseline Intensive Care Overnight Treatment is said to nourish the skin and rebalance moisture levels during the night. It is an easily absorbed cream with a light fragrance.

The product is available in a jar (150ml, £3.49) or tube (140ml, £3.49). For a limited period, a 50ml trial tube is available (£0.99).

The launch will be supported with a £2.6 million television and Press campaign. **Elida Gibbs. Tel: 071-486 1200.**



OTC for the prostate

Prostabit, Britannia Health Products' new prostate supplement, will be distributed by Lagap Pharmaceuticals (60 capsules, £19.95).

Prostabit, a plant extract from Swedish rye grass, is said to maintain a healthy functioning prostate gland. It is the first preparation of its type available OTC in the UK, say Britannia.

A £250,000 Press campaign will support the product. PoS material, including counter leaflets, window stickers and bonus stock deals, are available.

Distribution details are from Lagap on tel: 0420 478301. **Britannia Health Products. Tel: 0737 773741.**

Niconil package

Elan Pharma are distributing a counselling guide to pharmacists as an adjunct to the Niconil support programme.

The guide aims to assist pharmacists in assessing motivation, identifying smokers who are most likely to benefit as well as guidance on using the patch. **Elan Pharma. Tel: 0703 620500.**

Johnson's upgrade

The Johnson's baby toiletries range is reformulated and repackaged for 1994.

Natural camomile has been added to the baby bath and baby lotion. The lotion also has a lighter fragrance and colour to suit sensitive skins.

The reformulated baby shampoo has added almond extract and the baby soap has been

reformulated with glycerine.

New packaging graphics have been added to the range. An advertising spend of £8 million on TV and in the Press will support the relaunch.

Bounty sampling will go to 92 per cent of mothers along with a health professional programme. **Johnson & Johnson. Tel: 0628 822222.**



To encourage trial of their Hofels ginger pearles, Seven Seas are offering five free with their Neo-Garlic product. **Seven Seas. Tel: 0482 75234**

Hawaiian Tropic ups the factors for 1994

With medium protection sun preparations currently the fastest growing sector in this area of the market, Warner-Lambert are reflecting this trend in their plans for Hawaiian Tropic.

The "sexy but naturally safe" theme will be a prominent feature of the brand's promotional activity again this year, and the company has unveiled a range of product developments for the Summer season.

New for 1994 will be an SPF10 and SPF15 lotion, positioned to encourage a "safe-in-the-sun" policy of higher protection and product usage. The company has also upgraded the protection offered by their Baby Faces and Tender Places to SPF25. An improved formulation with enhanced fragrance makes it easier to rub into the skin, they say.

Other plans include a new look for the eight-

hour waterproof Sports Lotion and an improved fragrance to the Light and Dark Self-Tanning Lotions launched last year.

Warner-Lambert are also guaranteeing no increases on their 1993 prices, and will also be offering "substantial marketing support" for independent pharmacists to compete with the high street challenge through the forthcoming season.

"In a sector which can be dominated by large high street stores, independent pharmacists need to compete vigorously on pricing, display and effective merchandising in order to obtain their just share of the marketplace," says Lisa Palillo, senior product manager, Hawaiian Tropic.

The Hawaiian Tropic Tanning Advice Bureau is open 9am-5pm Monday to Thursday and 9am to 1pm Fridays on 0500 232012. **Warner-Lambert Health Care. Tel: 0703 620500.**



Wrinkle control

Special Wrinkle Treatment (40ml, £16.95) is a vitamin-enriched cream from Roc, said to reduce wrinkles and improve skin elasticity and cell renewal.

The product combines provitamin B5 with vitamins A and E to neutralise free radicals. It also contains silanol to restructure collagen and elastin fibres and glycerol to moisturise.

Suitable for all except very dry skins, it is recommended for women over 35. **Laboratoires Roc. Tel: 0372 749223.**

Hayfever support

This year Combination H, the New Era homeopathic remedy for hayfever, is being supported with a £250,000 national promotional campaign.

New Era say sales of Combination H last year were 50 per cent up on 1992. Tim Horne, group product manager, says: "Four years ago we were looking at about five million hayfever victims each year; now it is estimated that one in five people in the UK suffer." **Seven Seas Health Care Ltd. Tel: 0482 75234.**

Honeyrose raise herbal profile

With "No Smoking Day" coming up on March 9, Honeyrose herbal cigarettes are mounting a consumer awareness campaign.

The company have commissioned Gallup to question a target group of women about their smoking habits, with the results to be released at the end of the month.

No Smoking kits — containing a T-shirt with a Honeyrose slogan, a yo-yo, a lighter, a pack of Honeyrose cigarettes and an information leaflet — are to be given away through magazine and newspaper offers.

Fliers with money-off coupons for the product will be on trial in the Birmingham area during March. **Honeyrose Products Ltd. Tel: 0449 612137.**

Seven Seas concentrate on cod liver oil

Seven Seas are introducing High Strength Cod Liver Oil Liquid.

Cod liver oil is one of the richest natural sources of the omega-3 polyunsaturated fatty acids EPA and DHA. The new high strength oil contains 50 per cent more EPA than normal oil, and will also contain 100 per cent of the European recommended amounts for vitamins A, D and E.

The line is available in two sizes: 150ml (£1.99) and 300ml (£3.29) bottles.

Seven Seas say the decision to launch a high strength liquid stems from the fact that three out of four users who purchased their High Strength Capsules are first time buyers.

The new line is currently being supported along with the rest of the range in a £3.5 million



television and Press campaign.

Television advertising is currently underway, and educational Press adverts will be carried in the national, specialist and retirement Press from April to June.

Cod liver oil remains

the UK's biggest selling health supplement; the market is worth over £66 million. Some 30 per cent of users take cod liver oil to relieve the symptoms of arthritis, according to **Seven Seas Health Care Ltd. Tel: 0482 75234.**

Philishave cash offer

Anyone who did not get a Philishave in their Christmas stocking still has an incentive to buy.

Philishave are offering £15 cashback on models worth £95 or more and £10 on models over £45. The offers are by redemption only and will apply to purchases made between February 21 and April 16. **Philips DAP. Tel: 081-689 2166.**

New look for Linc

Linc Beer all-in-one shampoo and conditioner has a more modern and colourful look and is now available in a tube (150ml, £1.79).

The relaunch is being supported with money-off coupons and two-for-the-price-of-one special offer packs. **Carter Wallace Ltd. Tel: 0303 850661.**



Sara Lee have launched a new Matey character into their children's character bath liquid range. The latest variant is Scorchers, a magic dragon, with a colour change formulation that goes from yellow/green to blue when poured into warm water. Scorchers comes in vibrant scarlet packing in the same style plastic bottle as the rest of the range, and will replace the Pirate Matey variant.

Sales of this leading brand have nearly doubled since it was relaunched last April, claim Sara Lee UK Ltd. **Tel: 0753 523971**

Soft focus Arden

The soft focus spring face is the story from Elizabeth Arden for the coming season.

Eye and cheek colours contain elder flower extract and chamomile, while Lip Spa (£12) comes in two new shades — Bare and Coral Reef — with an SPF of 15.

Eyecolour Naturals come in Blossom and Mushroom (singles £12) and Earth/Stone (duo

£15.) Eye pencils (£8) in French Fawn and Doe complement Cheekcolours of Rosebud and Terrarose (£15).

Luxury lipstick (£11) comes in Gala with lip pencils (£8) in Naturel and Cottage Clay.

Nails are given a fresh look with Nail Colour Neutrals (£9.50), which now includes a red. **Elizabeth Arden. Tel: 071-224 1213.**

Dietary supplements

Ideal Health's range of dietary supplements Specially For (C&D October 30, p760) is now available from wholesalers.

The range of 15 products is designed for people with different needs. For example, there

are supplements for the elderly, slimmers and menopausal women, or with extra anti-oxidants, iron or calcium.

Prices range from £2.95 to £4.45 for 30 capsules. **Ideal Health plc. Tel: 0442 231155.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
CAR Carlton
GMTV Breakfast Television

STV Scotland (central)
Y Yorkshire
HTV Wales & West
M Meridian
TT Tyne Tees
W Westcountry

Actifed:	C, G
Ajax Compact:	All areas
Andrews Antacid:	All areas except CTV, TTV
Aquafresh toothpaste:	All areas
Benylin:	All areas
Bisodol:	All areas
Canderel:	G, C, A, HTV, W, CAR, C4, GMTV
Colgate Total:	All areas
Ibuleve:	TT
1001 Limelite for kettles:	M
Limelite Thick:	A, LWT, CAR
Mentadent Night Action:	All areas except U, LWT
Mucron:	All areas
Nurofen:	All areas
Oruvail gel:	All areas
Panadol Ultra:	All areas except TTV
Ponds Nutrium:	All areas except U, LWT
Rennie Rap-eze:	All areas except CAR
Seabond:	G, HTV, W
Sensodyne:	All areas except CTV, CAR
Seven Seas Cod Liver Oil:	STV, Y, C, M, CAR, C4
Solpadeine:	All areas except U, CTV, TTV
Steradent:	All areas except BskyB, GMTV, C4, S4
Sudafed:	CAR, C, G, Y, HTV, STV, G, B
Tixylix:	GMTV

As a new school term begins...

THE HEADLICE PRODUCT FOR PEOPLE WHO DON'T WANT HEADLICE

Just think about it. Across the country there are thousands and thousands of families who don't have headlice. And now that you stock New Rappell, the unique headlouse repellent, they are all potential customers. Because the new school term signals the start of another headlice season and there's no better way for your customers to protect their family.



AND FOR
PEOPLE WHO
HAVE
HEADLICE

New Rappell can also be recommended for use following a headlice clearing treatment – thus doubling your profit opportunity.

RAPPELL

Rappell is a registered trademark.

11-93-4



A SPRAY A DAY CAN HELP KEEP HEADLICE AWAY

Simple spend £1m on brand awareness

A new £1 million TV advertising campaign for Simple Skincare breaks in late February.

The advertisement focuses on the whole Simple brand rather than just one product and communicates the Simple slogan "Not perfumed, not coloured, just kind". Each aspect is treated individually using scenarios with visual imagery.

One sequence to highlight the fact that Simple products are not coloured features a young woman with her hands cupped tightly over her features.

A garish multicoloured face has been painted on the back of her hands. She peels away her fingers to reveal her own unspoiled features.

The four-month campaign targets 25 to 44-year-old women. **Smith & Nephew Consumer Products Ltd.** Tel: 021-327 4750.



Bergasol suncare products parcel

Chefaro have put together a special trade parcel for pharmacists of their Bergasol suncare products for 1994.

The parcel contains ten products suitable for all skin types. It includes six suntanning products with SPF's ranging from 2-8, with a choice of oils, creams and lotions. There are three intensive sun products: Tanning Sunblock Cream SPF10, Total Block Cream and Bergastick for lips.

The pack also includes Bergasol's Autobronzing Sun Cream, a self-tanning cream with an SPF8. The total retail value of the pack is £345.10.

The brand will be promoted through radio advertising. To influence pre-holiday purchases, it will include slots on Fridays and Saturdays throughout the Summer.

Reactionary advertising will be placed to coincide with peak hot weather conditions. The range will also benefit from an on-pack promotion. **Chefaro Proprietaries Ltd.** Tel: 0223 420843.

BDA approval for Stute jam

An advertisement for Stute Double Extra Fruit reduced sugar jam will be appearing in *Balance*, the magazine published by the British Diabetic Association. No jam other than Stute has obtained BDA approval during the past seven years.

Chief dietician at the BDA says the product falls well within BDA recommendations. In a letter to the manufacturers, the BDA says: "Since we have not printed a jam advertisement for a few years, this is likely to be attractive to BDA members."

Each 6g spoonful of the Double Extra Fruit Jam contains less than 3g carbohydrate and 11 calories. The advertisement states the products are available "from your chemist through his wholesaler as well as selected Co-ops and other good grocery stores". **Stute Foods Ltd.** Tel: 0272 238823.

Canderel's new year moves

The new year sees an addition to the Canderel range and an improved look for the packs.

The range now includes a refill pack of Canderel tablets comprising five sachets of 100 tablets. Introductory packs carry a complimentary dispenser.

Packaging has been updated to include a new European sunburst logo and the copy has been revised in line with the latest EC sweetener directive.

The new year also sees the beginning of a £2 million national television spend which will run until the end of February. A t-shirt featuring the sunburst logo will be available to consumers who collect tokens from special packs during April and May.

Additional support will include a linked promotion with the *Sunday Express* and promotional exposure in *Slimming*, *Living* and *Chat* magazines. **Searle Consumer Products.** Tel: 0494 521124.

New lines for Lady Jayne haircare

Laughton are adding lines to their Lady Jayne haircare accessories range, including the professional style collection. The additions include three hairbrush ranges as well as Spring fashion accessories.

Budget brushes are targeted at the bottom end of the market and are available to retailers in a space saving acetate tub priced £0.99 each. They come in hot pastel shades of lilac, turquoise and pink and in three designs, radial, vent and grooming.

Added to the range of carded products is a navy and red collection of three brushes ideal for grooming or pre-shampoo brushing, with tipped nylon pins set in a rubber cushion. Available in small, medium and large sizes priced

£2.25, £2.49 and £2.99 respectively, the range is aimed at the young health conscious market.

Directions is the first range of professional style brushes from Lady Jayne. Styled in matt black with red detail, the five-strong range includes radial, vent and pin-cushion brushes with antistatic properties, with prices from £3.25 to £3.99.

A black counter display stand which holds 18 brushes has red graphics and carries product information below each design.

Lady Jayne's range of Spring accessories includes scrunchies, hair slides and bandeaux in fabrics and colours to complement fashion trends. **Laughton & Sons.** Tel: 021-436 6633.

Safe sex for Valentine's Day

Valentine's Day will be the focus of a European-wide safe sex campaign.

Throughout the day and during the week, youth radio stations around Europe will be running AIDS and HIV awareness campaigns.

Unique "Euro-condoms" will be distributed as will "European passports", which include translations of phrases such as "I'd like to buy condoms please" and "I'll only have sex if we use a condom".

The project is the first in a series of pan-European information campaigns being organised

by CSV Media.

CSV is a British charity providing social action broadcasting, support services and media training in partnership with radio and television companies in the UK and increasingly on the Continent.

The campaign is partly funded by the European Commission and the Jonnies condoms are supplied and distributed by Profile Products and Resources Ltd. **CSV.** Tel: 071-278 6601 ext 222. **Profile Products and Resources Ltd.** Tel: 051-357 3700.

Cup activity

Ever Ready are kicking off the new year with a sponsorship programme for their Energizer battery, the official battery of the 1994 World Cup. The leading football magazine *Shoot* will carry a weekly double page competition with a national final. Competitions in the national, regional and consumer Press, plus TV and radio campaigns, will offer Energizer World Cup branded merchandise as prizes. **Unichem.** Tel: 081-391 2323.

Feverscan trio

Robinson's Feverscan forehead thermometer has been repacked to give stockists three display options — hanging, counter or shelf. The new pack is smaller and has a more clinical design. The

product is packed in display trays of 12. **Robinson Healthcare.** Tel: 0246 220022.

Summer scent

Bold Summer Meadow Fresh is the latest variant to the Bold range. The launch will be backed by television advertising. **Procter & Gamble.** Tel: 091-279 2000.

Pretty paste

The Aquafresh "not just a pretty paste" advertisement gets another airing this month in a £1 million campaign. **Smithkline Beecham.** Tel: 081-560 5151.

Limelite on TV

Cussons are supporting their Limelite range with television advertising until March 5. **Cussons.** Tel: 061-792 6111.

STAND UP FOR BIGGER PROFITS



After 50 years leading the toothpaste market lying down, Colgate are now turning it upside-down with their revolutionary new 100ml stand-up tubes.

We chose 100ml because it's the most popular pack size there is. And stand-up tubes because they are more convenient for your customers,

more cost-effective for you and more impactful in store.

Add to this our £8m toothpaste advertising support and it is clear that Colgate toothpastes are the most profitable brand to stock in 1994 - both standing up and lying down.



COLGATE-PALMOLIVE

WORLD LEADERS IN ORAL CARE

NEW FREEDOM



BECONASE HAYFEVER, Aqueous Nasal Spray (beclomethasone dipropionate).

Essential information.

Presentation Aqueous Nasal Spray containing 50 micrograms beclomethasone dipropionate per spray.

Uses Treatment of seasonal rhinitis (hayfever).

Dosage and administration For intranasal use only. Two sprays into each nostril every morning and evening. For use in adults and children aged twelve years and over. Beconase Hayfever does

not cause drowsiness. There are no known interactions with other medicines.

Contra-indications Hypersensitivity.

Precautions If hayfever symptoms have not improved after 10 days, consult the doctor.

Pregnancy and glaucoma Consult doctor before use.

Side effects Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intra-ocular pressure or glaucoma

have been reported.

Retail selling price Pack with 100 sprays – £4.99.




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Date of preparation 14 December 1993.





Further information is available on request from: Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT.

Product licence number 10949/0093.

Product licence holder Glaxo Pharmaceuticals UK Ltd., Stockley Park, Uxbridge, Middlesex UB11 1BT.

-  A major new POM to P opportunity for the coming hayfever season
-  Backed jointly by Allen & Hanburys Limited and Warner Lambert Health Care
-  Beconase Hayfever – same formulation as Beconase the most frequently prescribed intra-nasal steroid

NEW OPPORTUNITY IN HAYFEVER

-  An important opportunity to generate OTC growth in a dissatisfied market
-  Heavyweight national press and regional TV campaign reaching your customers throughout the hayfever season
-  Full range of high impact pharmacy display materials
-  Comprehensive pharmacy education and training programme



Highly attractive introductory offers available from your Warner Lambert Health Care representative

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Kodak films relaunched and fun camera added

Kodak are relaunching Gold and Ektar films and introducing an edition of Fun single-use cameras.

Four single-use cameras will be available from April 4 — Kodak Fun (£5.49), Fun Flash (£8.99), Fun Waterproof (previously called Fun Aquatic, £8.99) and Fun Wide Angle (formerly Panoramic, £7.99).

They have been designed to look more like real cameras, say Kodak, to dispel any doubts about the quality of photographs that single-use cameras might take. Each contains a Gold 400 film, while the instructions and recycling information have been clarified.

The range is still targeted towards 16 to 34-year-olds, and the advertising will communicate how the cameras fit into their lifestyles "without alienating other generations".

National TV and cinema advertising will encourage awareness during the Summer, Autumn and at Christmas. PoS material links with this campaign, which is also backed by promotions and public relations activity.

The Kodak Gold films will be available from April in all three popular ISO speeds — 100, 200 and 400. They are said to have improved colour accuracy and sharpness, and can be printed on the same printer channel, which will enable photofinishers to make a better job of processing.

The packs have been redesigned with symbols indicating when the film can be used, for example in sunshine or cloudy weather. A new speed selection guide will be available at PoS.

There will be a national competition and promotions including three films for the price of two and 50 per cent extra film free.

The Ektar 100 and 1000 film emulsions have been improved to give better colour accuracy, saturation and superior graininess. They can now be printed on the same channel as Gold.

Marketing support includes advertising and promotions, and the films will be available from mid-April. **Kodak Ltd. Tel: 0442 61122.**



Twin-blade additions to Bic range

Disposable razor specialist Biro Bic are launching a twin-blade range designed for different skin types.

Called Bic Twin Select, there are three disposable twin-blade variants in the range: for normal skin, sensitive skin and for women. All feature a slim head, long, tapered handle and snap-on protective cap.

The Twin Pastel for women features a longer handle for better grip and comes in five shades.

The Twin Select range will retail at £1.19 for fives and £1.99 for tens. The launch will be backed by a £2 million campaign including television advertising and sampling. **Biro Bic Ltd. Tel: 081-965 4060.**



Elida Gibbs are supporting the latest Lynx addition, Mirage, with a £1 million television and cinema campaign. Set in the desert, the commercial plays on the mirage theme. Elida Gibbs are spending £9m on the Lynx brand in 1994. **Elida Gibbs. Tel: 071-486 1200**

Rap-eze and Rennie campaigns

Roche Consumer Health are continuing their TV advertising campaigns for Rennie and Rennie Rap-eze through 1994.

Roche's 1994 TV activity kicked off in January with Rap-eze advertising which will run through until

March. TV ads for the two Rennie mint flavours will follow in the Spring.

Roche say Rap-eze or Rennie advertising will be on the air every month during 1994. **Roche Consumer Health. Tel: 0707 366000.**

Sensor for Women takes off

Only three months after its launch, Gillette Sensor for Women accounts for one in three of all systems razors, both male and female, sold in the UK grocery sector, according to manufacturers Gillette.

Launched as the first system razor specifically designed for women, the Gillette product is ahead of its sales targets by 175 per cent since its launch.

"It's a terrific success story which reaffirms Gillette's strategy to build and add value to the women's shaving market," says Martin Williams, trade

marketing controller.

He advises retailers to stock the product alongside men's razors rather than with depilatories as this is where many women look for disposable razors. Dual siting is also a good idea, he says.

Sensor for Women will be advertised on national TV for a five-week period beginning on March 21. This will be followed by press advertisements and then more TV exposure during the Summer. **Gillette UK Ltd. Tel: 081-560 1234.**

Plax not lax on the radio

The fictitious Norwegian pop group Plax are stars of the first radio advertising campaign for Colgate-Palmolive's Plax mouthrinse.

The campaign consists of several upbeat commercials introduced by a DJ in an excitable "Smashie and Nicey" style, with the Plax-sung endline: "Don't be stupid, don't be lax, rinse every day with Colgate Plax".

The £750,000 campaign will run on 15 radio stations during the breakfast period.

Recent clinical trials have shown that Plax reduces plaque by 24 per cent overall and by 50 per cent in hard to reach areas, claims **Colgate-Palmolive. Tel: 0483 302222.**

Spring colours from Dior

Couleurs du Temps is the new Spring cosmetic collection from Christian Dior, a mix of cool and warm tones.

For eyes there is Five-Colour eyeshadow in Desert Landscape (£26), a mix of brown, plum and ochre, and Desert Sky, a mix of blue and pink tones. Also for eyes is Effets de Perle in Sands and Sandstone (£26).

Cheeks are coloured in Blush Final (£19.50) in Canyon or Adobe Pink.

For lips there is Rouge Collection in Gobi Moon, Desert Pearls, Golden Mirage, Sahara Pink and Caravan Red (£11 each).

Nails are coloured with Gold Illusions or Desert Pearls. **Parfums Christian Dior. Tel: 0273 515021.**



Cabdriver's cough linctus range has been relaunched with new-look packaging. The relaunch will be supported by newspaper advertising in March. **Seven Seas. Tel: 0482 75234**

Lypsyl[®] Cold Sore Gel with three active ingredients.

The quick
way to help
knock out
cold sores.

Lypsyl Cold Sore Gel is a heavyweight treatment, because it packs three punches. • An Antiseptic to fight infection, an Astringent to dry up the sore and an Anaesthetic to relieve the pain. • And it's this unique 3-pronged attack that helps rapid healing of cold sores, while giving symptomatic relief from discomfort and pain. • A technical knock-out, you might say. • So to take on cold sores, give your customers Lypsyl Cold Sore Gel. It comes out fighting.



Zyma
Healthcare

Colgate PRECISION

A REVOLUTION IN ORAL CARE TECHNOLOGY

Colgate Precision looks completely different - and feels completely different - to every other toothbrush.

But this is no marketing gimmick: years of research and clinical trials have gone into the development of this unique toothbrush which leaves the mouth feeling cleaner and is clinically proven to be most effective at removing plaque.

And our new £3m TV and press advertising campaign should prove equally effective at removing Colgate Precision from your shelves!

So stock Precision from Colgate - The world leaders in oral care.



For further information or merchandising material contact Michael Bealing, Chemist Development Manager, at Colgate-Palmolive 0483 302222.



COLGATE-PALMOLIVE WORLD LEADERS IN ORAL CARE

1. LONG INNER BRISTLES
CLEAN THOROUGHLY
BETWEEN TEETH

SHORT INNER BRISTLES
REMOVE PLAQUE FROM
TOOTH SURFACES

3. LONG, ANGLED OUTER
BRISTLES GENTLY MASSAGE
WHILE THEY REMOVE PLAQUE
AT THE GUM LINE

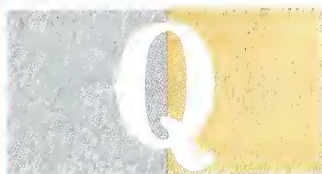
ate

Colgate

PRECISION

THE UNIQUE 3 BRISTLE SYSTEM

Since November 1993 there has been a new **Category D in the Drug Tariff. The Pharmaceutical Services Negotiating Committee highlights how scripts for medicines in Category D are priced and why drugs could switch into it**



1. This item is Category D. Will the endorsement of Trandate be accepted by the PPA?
2. If the prescription was unendorsed, what would be paid?
3. Will the Broken Bulk claim of 250 be accepted?
4. Will the claim for out of pocket expenses be accepted?



1. As the item is category D, endorsement of an equivalent brand or manufacturer will be accepted by the PPA.
2. If the prescription was not endorsed, the PPA would price

the prescription using the price and pack listed in Part VIII of the Drug Tariff.

3. The claim for 250 tablets Broken Bulk will not be accepted as a smaller pack (ie 56) exists.
4. Out of pocket expenses can be claimed as the item has moved to Category D. Out of pocket expenses are not payable on Category A items.

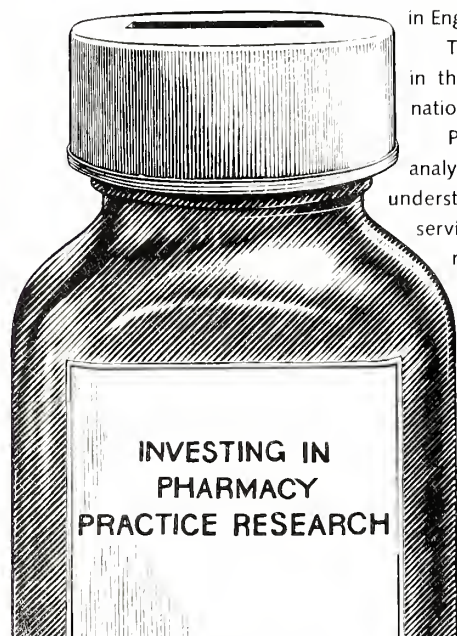
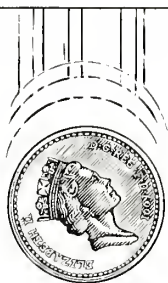
Note

Since November 1, 1993, there has been a new Category D in Part VIII of the Drug Tariff. This allows a brand or manufacturer's price to be used for pricing instead of the existing Drug Tariff price.

If the pharmacist fails to endorse the prescription, the Drug Tariff price will be used.

Recently, generic supplies of Labetalol tablets BP 200mg have been in short supply and the Department of Health has agreed to change the item from Category A to Category D.

PHARMACY RESEARCH TRAINING GRANTS ARE AVAILABLE TO ALL PHARMACISTS. APPLICATIONS CLOSE ON 27TH MAY 1994.



The Pharmacy Practice Enterprise Scheme provides sponsorship for any pharmacist, resident in England.

The scheme's aim is to train pharmacists in the planning, execution and dissemination of pharmacy practice research.

Pharmacy practice research is any analytical investigation that gives a greater understanding of the ways pharmaceutical services are currently delivered, or illuminates possible developments in service delivery. Studies that investigate the sociological perspective of the profession of pharmacy are also encouraged.

There are two types of award: Practice Research Training Awards will provide support for the study of experimental techniques and methodologies applicable to the field of practice.

Practice Research Studentships enable pharmacists to study for higher degrees by research, with any multi-disciplinary group involved in health services based exploration.

To qualify for the awards, candidates must be qualified pharmacists, resident in England, with post graduate experience in any sector of the profession. They must demonstrate a commitment to the development of pharmacy practice research, and have either applied for a course which includes investigative methodology or for a full time MPhil or PhD with an eligible research group.

The closing date for applications is 27th May 1994.

For further details about the scheme, and an application form, write to: Mr G Clarke, Department of Health, Room 309A, Richmond House, 79 Whitehall, London SW1A 2NS. Applications should be made by the pharmacist who intends to undertake the project work.

Pharmacy Practice Research Enterprise Scheme 1994.

Antiseptics and disinfectants Prospects for gene therapy Asthma management in the pharmacy

The distinction between the terms 'antiseptic' and 'disinfectant' is often simply based on the degree of concentration of the chemical in question, and many authors use the words interchangeably.

- **Antiseptic** literally means 'against putrefaction' or 'prevention of sepsis', but the term is usually employed to describe agents applied to living tissues in order to destroy or inhibit the growth of infectious micro-organisms.
- **Disinfectants** kill pathogenic agents too, but usually involve inanimate surfaces, and are used in greater concentration than antiseptics.

Infection

The great majority of the pathogenic organisms that come into contact with the skin are effectively repulsed by a mixture of natural methods —

- Physical (the skin)
- Chemical (sweat and sebaceous secretions)
- Microbiological (the skin microbial flora).

However, disruption of the physical barrier caused by accidental or pathological trauma exposes the more vulnerable underlying tissues to pathogens, and providing sufficient numbers of the latter are present, an infection will result. Thus, a cut caused by a rusty old nail and neglected, is more likely to become infected than a clean cut that is washed and covered immediately.

Most skin infections are caused by *Staphylococcus aureus* or *Streptococci*, but *Enterobacteria Pseudomonas* and *Proteus* may be involved too.

In the past

Although the bacterial origin of infection was unknown before Pasteur's work in Paris, and Lister's work at Glasgow Royal Infirmary, antiseptics and disinfectants have been used empirically ever since the ancient Egyptians started embalming bodies. The spread of bubonic plague in Europe in the Middle Ages was halted by burning sulphur and aromatic substances. Lind, the Scottish naval surgeon, used burning wood smoke in the 18th century.

Various chemicals became available in the nineteenth century, and a solution of chlorinated lime was used by Semmelweis in 1847 in Vienna for hand disinfection, thus reducing the incidence of fevers associated with childbirth.

In the present

Antiseptics vary in their effectiveness, and the formulation of the product is extremely important. Like antibiotics they may be broad or narrow spectrum. A few are effective against spores, fungi, moulds or yeasts, and mixtures



Keep it clean!

Steven Kayne and Peter Hayes discuss the main features of topical antiseptic and disinfectant preparations with examples of the sort of products that can be supplied OTC in first aid type situations

are often used to widen their spectrum of activity. Most common antiseptics are more active against Gram positive organisms than Gram negative, and have their activity reduced in the presence of organic matter.

OTC formulations

An antiseptic ointment base is chosen depending upon whether the final product is

intended for absorption by the skin or not. Oily or fatty base ointments may have hard, soft or liquid paraffin bases. Mixtures of these may be used, in proportions appropriate to the required consistency. Anhydrous wool fat (lanolin) is particularly suitable when a large volume of water must be incorporated, as it forms a stable water-in-oil emulsion. Anhydrous lanolin is readily

absorbed by the skin and is often mixed with paraffins when both absorption and protection are desired. Other bases are emulsions, and water soluble bases prepared from ethylene glycol polymers.

Creams are solid or semi-solid emulsions of the water-in-oil or oil-in-water type giving greasy or nongreasy preparations.

Gels are prepared with aqueous ingredients such as acacia, cellulose derivatives, gelatin, or tragacanth as the base.

Liquid preparations may have aqueous, alcoholic, or other types of vehicle depending on the functional requirements of the antiseptic. If the aim is to prevent infection from an object used by several people (the 'magic' sports sponge), then persistence of activity is the most important feature, while for personal hygiene or application to minor skin abrasions, some detergent action is desirable(1).

Table 1 summarises the main 'generic' antiseptic topical preparations, while Table 2 summarises some of the proprietary OTC antiseptics available in the UK

Treatment

Minor infections can be treated with an appropriate topical application. Although the organisms causing skin infections exuding pus (pyodermas), are susceptible to common antiseptics, oral antibiotics are often needed, because topical delivery can be erratic. In fact, using creams or ointments in this situation may spread the infection.

For the first aid of grazes, cleansing of the affected areas with soap and plenty of water or normal saline is the most important step. Where an antiseptic is necessary, rapidly acting but relatively non-irritant products are suitable.

Other first aid situations where the risk of infection may be high enough to justify the use of antiseptics include minor cuts and burns. If an antiseptic

Continued on p ii

Continued from p i

cream or ointment is to be used, it should be applied sparingly. Not all their effects are beneficial however — antiseptics can irritate the skin and in some cases cause allergic rashes that may induce discomfort and delay healing by occluding the injured area. Even more serious adverse reactions are possible (2). In the resulting wet macerated environment pathogenic bacteria may be able to flourish.

Disinfectants

The main types of disinfectants available to the public are:

- Acids
 - Aldehydes,
 - Cationic (quaternary ammonium) compounds,
 - Chlorine agents
 - Phenols
 - An occasional mercurial (although these are no longer recommended).
- In the past, manufacturers have found that to sell a product that claims to kill germs it is necessary to add a 'smell' and, especially for phenolic disinfectants, the more pungent the odour, the greater the perception of disinfectant ability (3). It has been suggested that the idea of power being associated with perfume is inherited from the East where it was common practice to disguise one odour with a stronger and more pleasant one. Perhaps that is why generations of kids were told to put a capful of 'Dettol' in the bath! One writer observes that 'Cleanliness equates both with fragrance and Godliness; it is only comparatively recently that surgeons have been convinced that disinfectants do not need strong fragrances to be

effective' (4). The success of 'Dettol' a colourless, relatively odourless disinfectant available OTC, has demonstrated that this view is also gaining strength with the public.

Effective disinfection depends on the correct use of chemicals and cleansing agents. Dirty surfaces cannot be disinfected without prior cleansing, with the correct concentration of disinfectant then being applied after thorough rinsing.

Alternatives

Man has used plants as medicaments for thousands of years. The medical treatment using such plants has been preserved in the disciplines now called 'alternative' or 'complementary' medicine.

• Herbal therapy

Herbal therapy consists of imbibing infusions of therapeutic drugs or the juice of vegetable substances. Externally, tinctures are used for compresses, baths and mouth washes. Examples of herbal antiseptic treatments are garlic, wormwood (or absinth), peppermint and thyme.

• Homoeopathy

Homoeopathic mother tinctures are closely associated with herbal preparations. The advice given for cleaning a wound by one homoeopathic practitioner is to use a sterile pad soaked in hypericum and calendula solution, wiping outwards from the wound (1). Puncture wounds from rusty nails or animal bites, become infected quite easily, as there is little bleeding to remove foreign bodies and bacteria. Hypericum and calendula, or calendula alone, may be used. These remedies are also available as ointments and creams. A solution of calendula mother tincture in water has been used as a disinfectant wash to clean

Table 1: Examples of generic antiseptics

Antiseptic agent	Properties	Form available
Acetic acid	5 per cent solution is bactericidal to <i>Pseudomonas</i> . Lower concentrations are bacteriostatic	Vinegar
Alcohol	Skin cleansing before injection. Can cause local irritation	Ethyl alcohol Isopropyl alcohol
Boric acid	Weak bacteriostatic	Boric acid soln Eusol soln
Crystal violet	Active against Gram+ stains	Gentian violet
Hydrogen peroxide	Cleanses wounds by releasing oxygen. Effect only as long as oxygen nascent and reduced in presence of blood or pus	Hydrogen peroxide (aqueous soln)
Magenta	Effective against Gram+ and some fungi	Castellani's paint
Sodium hypochlorite	Rapid brief action. Irritates skin. Limited stability in solution	Eusol solution (also in Morhulin cream)

working surfaces.

• Aromatherapy

Aromatherapists use fragrant essential oils drawn from flowers, leaves, fruit and roots. Essential oils of eucalyptus, lavender and thyme in the proportion 2:2:4, provide an effective disinfectant, and tissues impregnated with the mixture are recommended for wiping toilet seats, baths and basins.

A disinfectant suitable for tropical countries has oregano added, the essential oil which contains up to 15 per cent thymol. A few drops of lavender, lemongrass and thyme are reported as being effective in disinfecting mattresses (5).

Wine disinfectant

Wine was used to cleanse the wounds of ancient Greeks on the battlefield; in ancient Egypt together with honey and onion, it was used in medicated enemas and mixes inserted into the vagina (6). After a cholera epidemic in Paris in 1892 a physician noticed that wine drinkers were more likely to survive than others, and advised mixing wine into drinking water. Following a simple morbidity experiment it was concluded that such a practice was appropriate during cholera and typhoid epidemics. Wine is said to kill cholera bugs within 10 minutes, *E. coli* within 60 minutes and *E. typhi* within four hours. The disinfectant effect is thought to be due to the presence of polyphenols (7) liberated from the grape skin pigment during fermentation.

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- Steven Kayne is a community Pharmacist in Glasgow, and was visiting lecturer in pharmacy practice at the University of Otago, New Zealand during 1993; Peter Hayes is Associate Professor of pharmacy, University of Queensland, Australia.

Table 2: Examples of OTC antiseptics

Antiseptic agent	Properties	Form available
Chlorhexidine	Broad spectrum of activity, most active at neutral or slightly alkaline pH. May be inactivated by blood, pus or soap, though not as much as QA agents. Less irritant than others; good for sensitive areas	Savlon cream and liquid Hibiclenz, Hibitone Acriflex cream Germolene cream Steripod
a) chloroxlylenol b) halogenated phenols with terpineol	Phenolic compounds with low toxicity and irritancy. Inactivated by blood and pus	a) Dettol, TCP b) Unichem, Asda, Safeway own-label antiseptics
Dibromopropamidine isethionate	Antibacterial and antifungal. Uninhibited by blood and pus	Brolene eye ointment Brulidene cream
Povidone iodine	Aqueous complex, similar action to iodine without stinging or staining. Broad spectrum	Betadine products Savlon dry spray
Quaternary ammonium (QA) agents a) cetriride b) benzalkonium chloride	Cationic surfactants with emulsifying and detergent properties. Wide spectrum May be inactivated by soaps, organic matter, rubber and fabrics	a) Cetavlex, Savlon Vesagex, Drapolene b) Conotrane, Drapolene
Triclosan	Active against Gram+ and many Gram- bacteria. Commonly found in acne preparations. Slow acting	Irgasan Dettol cream

Washing is now an important part of dry skin care.

WASH
E45

dermatological
washing cream

CLEANS AND SOOTHES DRY SKIN
SOAP FREE NON-DRYING

Soap and detergent-based cleansers all have a drying effect on the skin. (A good rule of thumb: if it foams, it's drying.)

So your customers who have a dry, sensitive and irritated skin should replace soap with Wash E45. This non-drying washing cream is an effective cleanser containing no soap, detergent, perfume or other potential sensitisers. It gently cleanses with water – but without stripping away the skin's natural protective barrier of oils – and leaves the skin soft and comfortable.

Trials demonstrate the superior efficacy of Wash E45. They show that it's non-drying, unlike other specialist cleansers and soaps for dry skin^{1,2,3}. A clinical trial also demonstrated that Wash E45 is more acceptable to patients than Emulsifying Ointment⁴.

Not only is Wash E45 effective, it's also versatile. It can be used on the face or the whole body when bathing, showering or just washing; but it's especially good for hands as they are washed more often. Available on FP10 or OTC, Wash E45 can be recommended for washing dry skin conditions, including eczema, dermatitis and psoriasis.



ESSENTIAL CLEANSING THERAPY FOR DRY SKIN

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For detailed information on Wash E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2UJ

The genetic generation

Progress in genetic research over recent years has been phenomenal and is expected to change our lives more profoundly than any other scientific advance this century.

Adrienne de Mont looks at some of the prospects.

Genes determine all inherited characteristics. They are made of DNA which carries the coded information necessary to transmit these characteristics from generation to generation.

A single gene is a length of DNA which contains the information needed to instruct the organism to build a protein or part of a protein. Individual genes are linked together to form chromosomes which vary in number according to the species. Humans have 46 (23 pairs), located in the nucleus of every cell in the body. One set of 23 is received from each parent and one pair, the sex chromosomes, differ between males (X and Y) and females (XX).

Genes always occur in the same place on the same chromosome in every cell. Each gene is made up of a number of chemical units known as base pairs which are arranged in a specific order. A cell uses only those genes needed for its own functions.

Human genome

The human genome is the total genetic content of an egg or sperm cell and is, in effect, the code book for human beings. It is believed to consist of at least 100,000 different genes. The Human Genome Project is a massive \$3 billion international effort which aims to determine the complete sequence of these base pairs and to map out the structure of the genome.

Once the structure and function of a gene is understood, it is possible, in theory, to manipulate its structure to enhance desirable characteristics or suppress undesirable ones.

Gene therapy offers the possibility of replacing or repairing damaged genes. The first physical map of the human genome was produced in 1992 but this gave information only about the chromosomal location of genes and their relative position, not the exact location of all genes. Only 2 per cent of human genes have been mapped to specific locations.

Genetic disorders

There are at least 4,000 genetic disorders, resulting from mutant genes failing to produce an essential protein, or a protein which has lost its

usual function or one which has become harmful. Many of these disorders result from single gene defects, such as:

- Cystic fibrosis
- Haemophilia
- Sickle cell anaemia
- Muscular dystrophy
- Huntington's disease.

Disorders influenced by more than one gene are termed polygenic.

Genetic disorders also result from defects in whole chromosomes, as in Down's syndrome in which there is an extra copy of chromosome 21; Down's syndrome, however, is not usually inherited.

Incidence

In the UK about 15,000 babies are born each year with significant genetic disorders and about half of all deaths in childhood are the result of a genetic condition. So far only a few of the genes responsible for causing these diseases have been identified, but research in this area carries the potential of predicting, diagnosing, treating and even curing some conditions which are currently untreatable.

Some diseases have both a genetic and environmental component. Professor Robert Williamson, St Mary's Hospital Medical School, told a recent conference on human genetic research that everyone has between 200-400 mutations in their genomes that determine their susceptibility to conditions such as cardiovascular disease, cancer and rheumatoid arthritis. But although people might have the genetic factors which predispose them to the disease they remain healthy because they have not been exposed to the environmental factors.

Endocrine disorders

Genetics also play an important role in endocrine disorders such as diabetes, Alzheimer's disease, coeliac disease and may affect susceptibility to infection. Various projects are underway to assess the possible role of genes in tuberculosis, malaria and leprosy.

The relative importance of inheritance and environmental factors is still largely unknown, as is the way in which genes interact with each other to increase a person's susceptibility



to these disorders. But Professor John Bell, John Radcliffe Hospital, Oxford, believes it should be possible within the next ten years to identify most of the genes involved.

Screening

Genetic tests already exist for the pre-natal diagnosis of a number of inherited disorders. For example it is now possible, by chorionic villus sampling, to detect whether a foetus has cystic fibrosis as early as the first ten weeks of pregnancy.

Genetic screening can be carried out in embryos produced by *in vitro* fertilisation. If the embryo is found to be healthy it can be re-implanted in the woman who is then reassured that her baby is not suffering from an inherited disorder.

Professor Williamson of St Mary's Hospital predicts that it will soon be possible to carry out pre-fertilisation diagnosis, in which tests would be carried out on an unfertilised egg. If healthy, the egg could be put back into the woman's fallopian tubes and fertilised in the usual way.

Approaches

At present, gene therapy is restricted to somatic or body cells which affect only the individual being treated. Germ line therapy, which interferes with genes in egg cells or sperm and could prevent inherited diseases being passed on to future generations, is currently

considered unacceptable on both ethical and legal grounds. Although it could protect the health of unborn children, it could also be a step on the slippery slope to selective breeding.

In the USA, where gene therapy research is at a more advanced stage than in the UK, over 50 protocols for gene transfer trials in humans have been approved.

Human genes can be inserted into selected cells of patients with genetic disorders, where they then produce the protein for which the genes carry the code.

A number of approaches have been developed:

- Replacing abnormal genes with normal ones. In this case the conditions to be treated must be due to single defective genes.
- Changing a malfunctioning gene to correct its faulty message.
- Introducing a fully functional gene into a cell without removing the mutant gene, as the techniques for inserting genes into cells are more advanced than those for removing defective genes. This appears to be the most promising option at present.

Targeting genes

Various vectors can be used to target the genes to specific cells. Some researchers are using liposomes, others use modified viruses such as retroviruses and adenoviruses



Philippe Plaitly/Science Photo Library

mechanisms to ensure the genes are expressed correctly in the target cells.

Therexsys are using ligand mediated systems which, simply, means attaching DNA to a targeting entity such as an antibody. They hope to start clinical trials in late 1995 to early 1996 in lysosomal storage disease and cancer.

One of the company's founders, Roger Craig, believes that the first indications for gene therapy will be life-threatening diseases such as cancer and AIDS, and disabling genetic diseases which appear early in life. These are all diseases for which no effective treatment exists at present.

In AIDS, researchers are looking at how to protect the immune system's T-cells from HIV by inserting gene products which would prevent the virus from replicating. Pre-clinical studies have concentrated mainly on rendering cells resistant to HIV infection or preventing replication in cells that are already infected.

Cystic fibrosis

The cystic fibrosis gene is recessive and can therefore pass undetected from generation to generation. For the disease to develop, a defective gene must be inherited from both parents. If both parents are carriers there is a one in four chance that their child will have the disease.

Cystic fibrosis is characterised by increased stickiness in the mucus secreted in the respiratory and digestive tracts, leading to blocked ducts in the lungs and pancreas. This results in obstructive airways disease and a deficiency of pancreatic enzymes. Abnormally high concentrations of salt occur in the sweat.

In 1989 Canadian researchers isolated the mutant gene responsible, CFTR, which was located on chromosome 7. Proteins from this gene fail to control the passage of salt and water across cell membranes resulting in the production of thick mucus.

A trial of gene therapy in adults with cystic fibrosis started last year at St Mary's Hospital and the Royal Brompton National Heart and Lung Hospital, London. Liposomes containing genes which produce normal proteins are sprayed into the nose where they fuse with the cell membranes and, hopefully, deliver the correct gene to the cells.

If the trials are successful, children are likely to benefit most as early treatment may prevent the lung damage which progressively deteriorates.

Cancers

A number of genes are believed to predispose a person to cancer, but the disease may not emerge until triggered by environmental factors such as smoking. Researchers are getting close to isolating some of these genes but are still uncertain about the environmental factors needed to trigger them.

A gene has already been identified as responsible for familial colorectal cancer, a dominantly inherited disease which accounts for about 1 per cent of colon cancers. It is possible to offer genetic testing to people at risk and to provide prophylaxis in the form of surgery to remove the colon.

Breast and ovarian

There has been much progress towards identifying the gene responsible for familial breast and ovarian cancer. Research carried out in three generations of women suggests that those in whom this gene is abnormal or missing are at higher risk of developing these diseases.

Work done by the Cancer Research Campaign and Imperial Cancer Research Fund has pinpointed the gene to a position on chromosome 17 and it is only a matter of time before the gene is isolated. Professor Gordon McVie, the CRC's scientific director, likens it to deciding in which field of haystacks to start looking for the needle.

"We're now in the right haystack in a 2,000 acre field of haystacks," he says. "Once we have isolated the gene we can take cells from any normal person and tell them if they have it or not. It seems that women who have the gene might stand a 90 per cent risk of contracting breast or ovarian cancer, or both, during their lifetime."

High risk women could be screened regularly, counselled about prevention and offered the tamoxifen trial if necessary. "Breast screening programmes could then be directed towards those women in whom they are most likely to be cost effective," says Professor McVie.

Suppressors genes

Most people are normally protected against cancer by tumour suppressor genes which regulate cell division. If these genes are damaged or lost, there is a high chance of a tumour developing. Several ubiquitous tumour suppressors have been identified, for example, P53 is absent or missing in:

- One-third of breast cancers,
 - 66-90 per cent of lung cancers,
 - Half of all bladder cancers
 - One-third of stomach cancers.
- They could have been inherited in a damaged form or they could have been damaged by some other factors such as smoking, viruses or radiation.

Oncogenes have also been identified as responsible for tumours, but these act by switching on abnormal cell division.

Once a person has cancer, gene therapy aims to put back the genes needed to switch off the uncontrolled cell division which produces the tumour. Professor McVie draws an analogy with diabetes, in which insulin is a gene product which is lacking. "In cancers we could replace the missing protein in much the same way as we give insulin to people with diabetes."

Therapy protocols

The CRC has submitted two gene therapy protocols to the Department of Health's Gene Therapy Advisory Committee which has been set up to vet clinical trials. The trials will investigate gene therapy in the treatment of lymphomas and melanoma.

"We think the best approach to cancer treatment is to try to re-educate and restore rogue cells to normal proliferation rather than to kill them off," says Professor McVie.

In the USA preliminary trials carried out at the National Institutes of Health suggest that gene therapy could be useful in brain cancer. Five out of eight patients who had failed to respond to other treatments showed an anti-tumour response when the TK gene was injected in a viral vector, using the anti-viral ganciclovir to release the gene from the virus. No side effects were reported.

The company involved, Genetic Therapy Inc, is hoping to start clinical trials in breast, lung and ovarian cancers, cystic fibrosis and Gaucher's disease (a lipid storage disorder caused by an enzyme deficiency).

Stress proteins

Scientists at the MRC's National Institute for Medical Research, London, are looking at heat shock proteins — otherwise known as "stress proteins" — which are produced in increased amounts when cells are placed under stress. Animal studies suggest that the immune system can recognise and attack tumour cells much more easily if they have been manipulated to express a heat shock protein gene derived from a bacterium.

Dr Katalin Lukacs and her colleagues believe that cells treated in this way lose the ability to produce tumours altogether and this could lead to a novel form of cancer treatment.

"Over the next 12 months we expect to gain a clearer picture of the range of tumour types which are amenable to this approach," the researchers write in the Autumn 1993 *MRC News*.

Haemophilia

It is now over ten years since the genes for factor XIII and IX were first cloned and several researchers worldwide are looking at the possibility of using gene therapy in haemophilia. More progress has been made in haemophilia B than in the more common haemophilia A, which has presented greater technical problems.

Professor George Brownlee and his team at the Clinical Pathology Unit, Oxford University, is hoping for an MRC grant to start human trials of ex vivo therapy in haemophilia B. So far, work in tissue culture or animals has shown that it is feasible to take tissues from the patient, introduce complementary DNA (cDNA)

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which are, by nature, able to infect human cells efficiently and insert the genetic material they carry. The viral genes are removed to prevent the viruses from spreading, but there remains a small risk that they may trigger an unwanted reaction.

The haematopoietic system has been widely used in gene therapy trials because there are well-developed procedures for bone marrow transplantation. One approach is to remove specific cells from the body such as white blood cells, tumour infiltrating lymphocytes or CD4 cells (which regulate the immune system). The relevant genes are introduced into these cells and the cells returned to the body, in a process known as *ex vivo* gene therapy. *In vivo* gene therapy involves transferring genetic material into the patient's cells, but gene expression tends to be more transient in this case. Genes have been transferred directly into skeletal muscle by injecting DNA.

Genetic industry

In the USA there are several companies dedicated solely to gene therapy, but the first and only one in Britain is Therexsys (Therapeutic Expression Systems) Ltd, based at Keele University. Established in 1992, Therexsys are developing sophisticated delivery systems to target genes to specific cell types. The company also incorporates regulatory

Continued from p v

and return the tissues to the patient whereupon they continue to produce the correct proteins. CDNA, which is a copy of the messenger, is used in preference to the gene as it is smaller and more suited to the technology.

Professor Brownlee is cautiously optimistic about a trial of *ex vivo* therapy in two patients in China. "Although there has been some controversy about the results I consider the treatment has been reasonably successful in one of the patients and it shows much promise," he says.

Huntington's disease

Huntington's disease is a degenerative disorder which results in the death of nerve cells in the brain. Usually occurring between the ages of 35 and 45, it is a dominantly inherited disease and children of parents with Huntington's have a one in two chance of inheriting it. The gene responsible was isolated in March 1993 and a specific test is now available.

Immunodeficiency

The first human gene therapy trial was carried out in 1990 in severe combined immunodeficiency disease, a rare disorder affecting about 40 children a year worldwide. Nearly half the patients have a defective gene for the enzyme adenosine deaminase (ADA), resulting in a breakdown in the body's immune mechanism.

In research carried out at Great Ormond Street Hospital, London, and in the USA, bone marrow stem cells were taken from the affected baby and infected by a modified virus containing the ADA gene from a healthy donor. The cells were then re-injected into the baby's bone marrow where they started to produce cells containing the ADA gene.

The future

The new genetic technologies mean there could be a major shift in medical practice from "diagnose and treat" to "predict and prevent."

Dr Russell Greig, vice-president and director of advanced technologies, Smithkline Beecham, USA, believes genetic profiling will reveal a patient's predisposition to certain diseases so the accent will be on counselling and prevention, with therapeutic intervention as a last resort.

Diseases could be classified into subtypes, allowing more selective therapy and better design of clinical trials; patients unlikely to respond could be excluded and thereby not exposed to unnecessary risk.

The Genetic Interest Group, a registered charity, is an umbrella group of voluntary organisations concerned with genetic disorders. It aims to help all people affected by these conditions and runs a helpline on 0865 744002.

Asthma care in the community pharmacy

Stuart Johnston, a community pharmacist from South Ockendon, Essex, who has a particular interest in asthma gives a personal view of the pharmacist's role in management of this condition



Back to basics...
"Take TWO puffs FOUR times a d...".
The patient interrupts...
(between wheezes)
"I've had hundreds... of these... I don't...need to be... told again!"

How many times have you met this customer?

The facts are:

- 5 per cent of the population are asthmatic
- 10-15 per cent of children have asthma at some age
- 50 per cent of childhood asthmatics will grow out of asthma by the age of 20
- 2,000 people a year die from asthma

More importantly, and

frighteningly, these figures for mortality and morbidity are not decreasing, but increasing! The pharmacist is ideally placed to identify asthmatic patients and any problems with their management, advise on medication, and increase their quality of life: our overall aim.

What is asthma?

Asthma is defined as a reversible airways disease. Both factors of inflammation and bronchoconstriction should always be considered when assessing the condition.

It is estimated that one in 20 of our customers is likely to be asthmatic and presenting prescriptions for a product

relating to their asthma treatment or purchasing other products. For the "average" pharmacy, this will be seven or eight prescriptions a day and any number of counter recommendations! Particular consideration should be given to this when advising customers on over the counter (OTC) medication.

Opportunity

In order to recognise problems in control of asthmatics the condition must be understood. Pharmacists have the knowledge and access to training that allows them to

Continued on p viii

FOR CRYING OUT LOUD



Follow head lice Rotational Policy

**FULL
MARKS**[®]

phenothrin 0.2% w/v

PRIODERM[®]

malathion 0.5% w/v

CARYLDERM[®]

carbaryl 0.5% w/v

ABBREVIATED PRESCRIBING INFORMATION CARYLDERM[®] Lotion, FULL MARKS[®] Lotion and PRIODERM[®] Lotion **Indications:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: Treatment of head lice infestation. **Active ingredients:** CARYLDERM Lotion: carbaryl 0.5% w/v. PRIODERM Lotion: malathion 0.5% w/v. FULL MARKS Lotion: phenothrin 0.2% w/v. **Dosage and administration:** Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 2 hours. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead lice and eggs. **Contra-indications, warnings, etc:** Not to be used on infants under 6 months of age except on medical advice. Avoid contact with the eyes. Skin irritation can occur. These treatments may affect permed, coloured or bleached hair. Do not use these products if you are sensitive to any of the active ingredients. CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion contain isopropyl alcohol which may exacerbate asthma or eczema. As they are also flammable, apply and dry the hair with care and do not use artificial heat. **Prices:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: 55 ml, £1.595 (R) £2.80; 160 ml: £2.845 (R) £4.99. **Product licence numbers:** CARYLDERM Lotion PL 0337/0038, FULL MARKS Lotion PL 0337/0153, PRIODERM Lotion PL 0199/5002R. **Product licence holders:** Napp Laboratories Ltd., Cambridge Science Park, Milton Road, Cambridge CB4 4GW. UK. (CARYLDERM Lotion, FULL MARKS Lotion). Priory Laboratories Ltd., (Member of Napp Pharmaceutical Group), Cambridge Science Park, Milton Road, Cambridge CB4 4GW. UK. (PRIODERM Lotion only). **Date of Preparation:** December, 1993.

Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge. CB4 4GW
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provide such a service.

Management of asthma is an opportunity for us to show our skills as members of the primary health care team and to generate more goodwill with our patients, raise our profile as health care professionals, and perhaps just as importantly, increase business!

These are the facts. The approach to the problem will be different for each pharmacist but to one goal: the improvement of patient quality of life, unaffected by their asthma.

Asthma education

My personal interest in counselling asthmatics was initiated by my pre-registration tutor ten years ago, and is part of the way I have always worked.

During the last two years I have taken a closer interest in asthma through the Asthma Initiative organised by Allen & Hanburys, and later by refreshing my memory with the Centre for Pharmacy Postgraduate Education's workshops and asthma course.

Many pharmacists have taken part in these asthma education programmes, attending seminars to refresh device technique and discovering the statistics by which asthma hampers lifestyle.

GP liaison

The second part of the Asthma Initiative involved pharmacists discussing asthma protocols with local GPs and explaining to them how pharmacists could assist in improving quality of life for their patients.

These meetings proved invaluable as they revealed the perceptions most doctors have of "good control" of their patients. Most importantly it was an opportunity for pharmacists to explain what counselling asthmatics are receiving in pharmacies. The pharmacist could also prepare the doctors to expect some referrals of asthmatic patients from the pharmacy.

The doctors were pleasantly surprised by the amount of information pharmacists could give to patients. At a personal level I now have one GP who regularly sends patients to me for instruction in how to use their inhalers.

Practical advice

Returning to the original scenario of the busy breathless customer who thinks he knows it all... This is a golden opportunity for you to take on our "extended role" and start counselling this person about his condition and its management.

If a prescription is presented for an asthma patient that is new to the pharmacy (check by referring to patient medication records if used) or a prescription for a single inhaler or a rotahaler with rotacaps, the customer should be asked if they have had the item before.

If they say "yes" and are obviously familiar with the

device and clearly know how to use it the conversation will end there. However, if not, there is immediately an opportunity to establish whether any more counselling is required.

These opportunities for counselling are obvious but others are often more subtle:

- **Reinforcing correct device technique**

If the device is not being used correctly, the patient is not obtaining the full benefit of the medication. Estimates show upwards of seven in ten asthmatics are not using devices to their maximum.

Checking technique with manufacturer's recommendations is one of the main priorities. If the patient is not receiving the correct dose, it is unlikely the condition will be successfully treated.

- **Patient medication records**

PMRs can give useful information concerning frequency of prescriptions and which therapies have been used or tried. Importantly, it can alert the pharmacist to an overuse of "treaters" over "preventers". It has been suggested that an over dependence on bronchodilators can mask underlying inflammation of the bronchi, preventing a deterioration in health being noticed.

- **Education**

It is essential to reinforce the importance of regular use of preventers, where prescribed, and explain to patients the importance of each drug and the different ways they act. Educating patients as to how each drug exerts its effect can increase compliance and once this is obtained the benefits can be seen by the patient.

- **Potential drug interactions**

Drug interactions with prescribed medications can be identified by many labelling

programmes now available, or by referring to PMRs. The well known warnings of aspirin precipitating attacks, or theophylline/ciprofloxacin, are easily picked up.

It is often more difficult to spot interactions with "counter" purchases such as ibuprofen or theophylline. When counselling asthmatics it must be stressed to them that they should mention their condition to the pharmacist or assistant when making OTC purchases.

- **Undiagnosed asthma**

Pharmacists should also be alert for symptoms of undiagnosed asthma, and follow this up with a suggestion to the patient to consult their GP.

Customers presenting with nocturnal coughing which does not appear to be relieved by patent cough suppressants may, in fact, be displaying symptoms of asthma and should be referred for further examination.

Guidelines

The British National Formulary now includes the British Thoracic Society's recommendations for asthma management. This, along with Centre for Pharmacy Postgraduate Education's self study packages, make good reference material for pharmacists to refresh their knowledge.

Trigger factors

Pharmacists can also educate asthmatics about possible factors that could precipitate attacks, including:

- **Drugs** — Aspirin/ibuprofen
- **Exercise**
- **Respiratory infections**
- **Stress** caused by psychological stimuli
- **Allergens** eaten or more commonly breathed in



Pharmacist's role

I see community pharmacists' role in managing asthma as:

1. Educating patients about device technique and drug action
2. Monitoring subjectively the condition and compliance of medication
3. Ensuring that, when prescribed, peak flow meters are understood and used, and emphasising the importance of keeping a diary of peak expiratory volumes
4. Referral to GP when possible deterioration of control occurs, or when symptoms previously undiagnosed are spotted
5. Provide customers with any other information, leaflets, society addresses, etc. when requested

Patient goals

The advice and service of pharmacists and their staff should help patients achieve the following goals:

1. To abolish night and day symptoms
2. To allow asthmatics to live a "normal" life, unhindered by symptoms
3. To restore the best long term function (best peak flow rates)
4. To reduce the incidence of severe attacks
5. To recognise the condition and the fact that it need not limit activities

Conclusion

There are many areas of treatment where pharmacists, have very limited input, for example drug or device choice.

We do, however, have plenty of scope in ensuring that maximum benefit is obtained from the products prescribed, that other medicinal products do not aggravate their condition and that other symptoms do not go unnoticed.

Common scents

Whether used just for relaxation, to help you cope with everyday life or to fight off infections, aromatherapy has something to offer everyone. Jo Grimes takes a closer look

Scents and smells play a major part in all our lives. Smells can evoke strong memories or an emotional response and warn us of danger.

Aromatherapy uses fragrances to relax, stimulate, uplift and comfort. Oils are also used as antiseptics, antifungals and analgesics.

In the hands of a qualified aromatherapist, aromatherapy becomes a holistic treatment in its own right, but the beauty of it is that it can be used easily at home with just a little knowledge. For those who want something to help them relax or sleep, to improve health or as an adjunct to other treatment, aromatherapy could be the answer they had not yet thought of.

The market for aromatherapy products has expanded extensively in recent years. Tisserand, one of the main players in the market, have seen their turnover increase eight-fold in the past five years. It is one of the few areas in which sales have increased in the recession, with the UK market now valued at over £10 million. When associated products such as bath oils and soaps are included, the market value rockets to £20m.

The success behind the therapy is down to "a more discerning customer who searches for products of real therapeutic value", said Clive Walker, marketing director of Aromatherapy Products, manufacturers of the Tisserand range. He expects to see the market growth continue during the next few years.

Pharmacies have now become the main outlet for aromatherapy products rather than health food shops. They take around 80 per cent of the market. Around five years ago this situation was almost reversed.

How they work

Essential oils work in three ways:

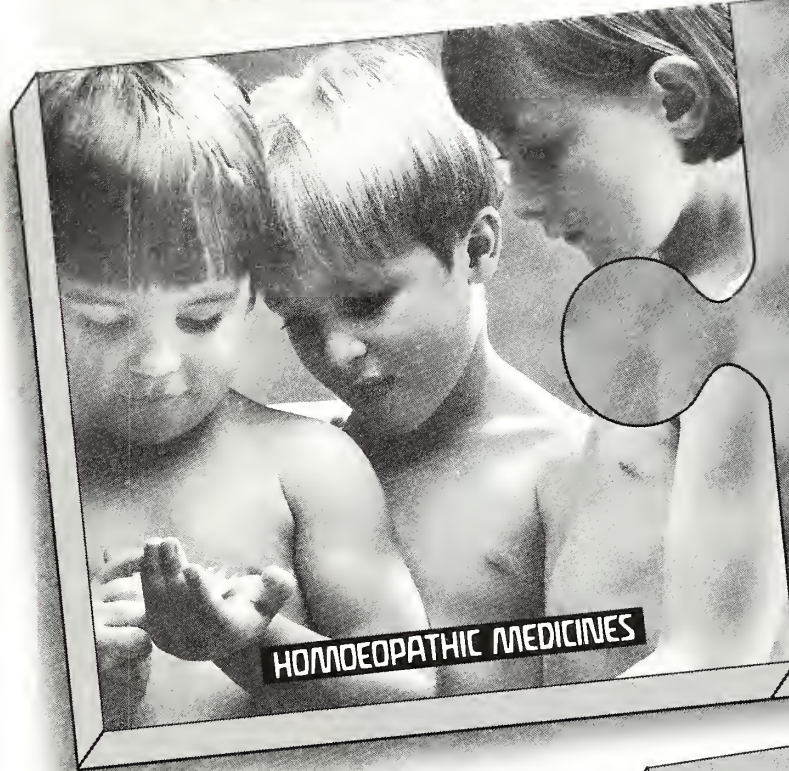
- they act on the olfactory system
- in combination with massage they are absorbed into the lymphatic system and blood circulation
- the oils have specific effects on chemicals in the body and the nervous system.

Oils should be diluted in vegetable-based carrier oils. Mineral and baby oils should not be used as carriers. Oils are used in massage, bathing, compress and

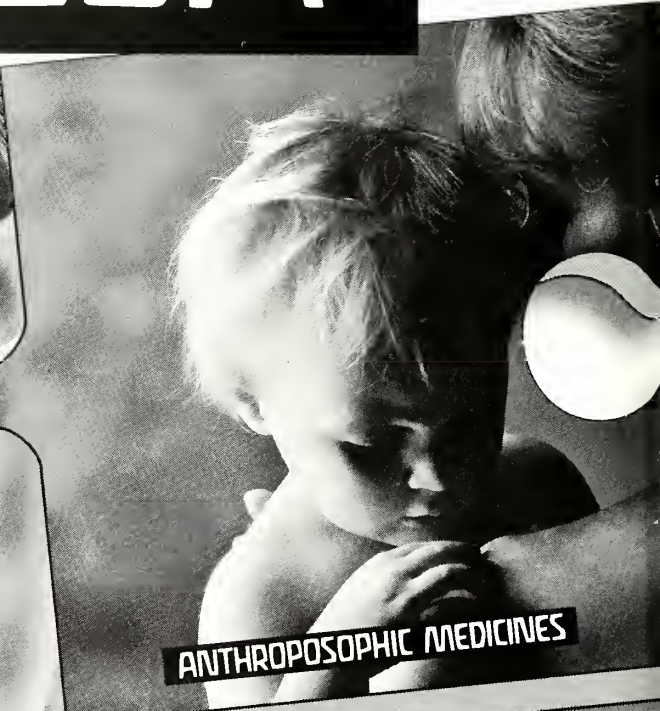


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WELEDA



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ANTHROPOSOPHIC MEDICINES

A comprehensive range of OTC indicated medicines, all made to the strictest quality controls from natural plant ingredients grown in Weleda's own Derbyshire herb gardens.

HOMOEOPATHIC MEDICINES

The widest range of OTC homoeopathies in the UK, with a choice of 6C or 30C potencies. Plus all the training and back-up services retailers need to advise customers over the counter.



BODY THERAPY

BODY THERAPY

A complementary new range of Anthroposophic bodycare products made from pure essential oils. All are suitable for vegetarians, and have not been tested on animals.

No-one puts it together better

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Continued from p207

halation. In other countries they are also given orally by trained aromatherapists, but in the UK the oils tend not to be used in this way. Oils should only be administered orally by trained practitioners.

Essential oils are made by distillation of plant materials. Generally, steam is passed through the raw material and then condensed. This process produces the essential oil and also flower water as a by-product (such as rose water). Essential oils from fragile flowers such as jasmine are obtained by solvent extraction which involves placing the flowers in layers of wax.

Varying quality

Oils on sale in shops can be of varying quality. There are a number of varieties of each plant, for example lavender, and the oil can be extracted from one or all varieties, giving a sometimes inconsistent quality.

Oils can also be "cut" or adulterated, which means they are mixed with other, sometimes synthetic, ingredients. So cheaper brands are not always a better buy. Reputable manufacturers should be able to maintain consistent supplies from the same source.

Reference charts are available from the main manufacturers which detail therapeutic use and method of application for each oil. The charts also give details of oils that cannot be used by children or pregnant women.

Children can use lavender, Roman chamomile and tea tree oils. For babies one drop of essential oil should be diluted to 15ml of carrier oil (babies under 12 months cannot use tea tree oil). Under six years, one to three drops can be diluted to 15ml of carrier oil and over this age half the recommended adult dilution can be used.

Stimulating oils and those which have an emmenagogic effect (help to bring on periods) should not be used during pregnancy. Pregnant women should not use basil, clove, cinnamon, hyssop, juniper, marjoram, myrrh, sage or thyme for the whole nine months of pregnancy. Fennel, peppermint and rosemary should be avoided in the first four months of pregnancy.

Some people may find that they are sensitive to a particular oil. If use is discontinued then the sensitivity should disappear within the hour, but plain sweet almond oil can be applied if necessary.

Refrain from using the oil for ten days after sensitivity occurs. Then use a one quarter dilution of the original oil to test a small area of skin.

Cinnamon, clove, hyssop and sage are best administered by a qualified aromatherapist. Only a few oils can be applied directly to the skin; most must be diluted or inhaled.

Although oils can be bought in ready made preparations for use in the bath or as a massage, ideally two to three oils should be blended to suit the person's individual characteristics. Directions for use should be



contained on the bottle or an enclosed instruction leaflet.

Oils should be stored in dark glass bottles — in which they are usually supplied. Plastic is not suitable and the bottles should always be stored in a cool place away from direct light.

Most pure oils will keep for two years (there are some exceptions, see on pack information) but once diluted, oils will only remain effective for three months.

• Tisserand operate a phone line for customers and practitioners who need advice on therapies. Many pharmacists call in for help and advice, say Tisserand. The helpline can be reached on 0273 325666.

• Suggested reading: *The Fragrant Pharmacy* by Valerie Ann Worwood. *Aromatherapy, a Guide for Home Use* by Christine Westwood.

Tisserand add trio to range

This month Tisserand are launching three products into the range — a 3-in-1 shampoo, an after wax oil and a fragrance burner.

The 3-in-1 shampoo contains a shampoo, conditioner and oil to moisturise and will retail at £3.95 for 150ml. It is the first multi-product from Tisserand and probably the first in the aromatherapy market, says Clive Walker, marketing director.

The after wax oil will initially be sold only through pharmacies. It has been developed specifically for the professional beauticians and has proved popular with the trade, says Mr Walker. The product is specialist and so needs advice to be given with the sale. It will retail at £7.90 for 100ml.

Fragrance burners in pewter and bronze are to be launched in the same move and will be priced at £11.20 each.

A lavender gel is currently being developed for launch towards the end of February. It has revolutionary packaging and will be tagged as a "cure all" for skin conditions. It is cooling, soothing and healing for any skin irritation, say Tisserand. The gel will retail at around £5.

Where to find an aromatherapist

Association of Tisserand Aromatherapists, PO Box 746, Hove, East Sussex BN3 3XA.

The International Federation of Aromatherapists, Department of Continuing Education, The Royal Masonic Hospital, Ravenscourt Park, London N6 0TN.

The Register of Qualified Aromatherapists, 52 Barrack Lane, Bognor Regis, West Sussex PO21 4DD.

Methods of using essential oils

Technique	Therapeutic effects	Suitable oils/ blending techniques
Massage	To relieve stress and tension. Encourages circulation, eases minor aches and pains.	For relaxation try geranium and lavender. For aches and pains try juniper, lemon and rosemary. Use one drop of essential oil to 2ml of carrier oil.
Bathing	Relaxing, relieves minor aches and pains.	Most oils are suitable (check packs for details). Use seven or eight drops of pure oil in each bath.
Inhalation/ facial steam	Cleanses skin. Clears lungs and sinuses, catarrh and sore throats.	Eucalyptus: use two to three drops to each pint of water.
Compresses	Hot compresses for longstanding muscular pain. Cold compresses for headaches, bruising and swelling.	Hot compress: juniper, lavender. Cold compress: lavender for bruising and headaches, add eucalyptus if headache is associated with a cold. For swelling: peppermint. Use one drop of oil to 2ml carrier oil or water.
Scalp treatments	For skin conditions such as dandruff. Treatment of lice.	Oily scalp with dandruff: cypress, cedarwood. Dry scalp with dandruff: rosemary. For headlice: geranium. Make up a blend of ten drops in 100ml using almond, borage, peach kernel or evening primrose oil.
Footbaths	Tired, aching feet.	Rosemary: make up as bath.
Mouthwash	Breath freshener, mouth infections.	Peppermint, lemon, geranium and thyme. Blend into an oil and rinse around the mouth with a glass of warm water.
Room fragrance	Create mood in the room (relaxing, stimulating etc). Fumigate the air in cases of infectious illness.	Most oils are suitable, should be matched to the individual's mood. Use lavender in cases of illness.

Spice up your herbal range

The largest sector in the complementary market is still growing every year, so how are things are shaping up for the herbal market?

According to a recent Mintel report, sales of herbal remedies are currently worth £65 million. As the largest sector of the alternative medicines market, they have shown a 50 per cent rise in value since 1988.

Acknowledged as the oldest science in the world, herbal medicine has been prescribed through the centuries for a number of ailments. Unlike modern drugs which are made of artificial constituents, a herbal remedy is a medication based on the whole of a plant.

Most people today consider herbal remedies to be safe compared to the possible risk of side-effects involved with many modern drugs. A recent survey undertaken by Heath & Heather revealed that 65 per cent of respondents would prefer to give their family herbal remedies over modern pharmaceuticals, and a further 63 per cent believed they were just as good, or more effective, than their usual treatment.

It would appear that there is a huge demand for more consumer knowledge. Over half the sample felt their doctors should inform them if there was a natural alternative

available for their particular ailment. However, only 14 per cent of doctors had recommended a natural remedy without being asked to do so.

It is therefore no surprise that consumers are turning to over-the-counter remedies in their quest to take more responsibility for their own health.

Opening markets

The rise in interest about natural medicines has been fuelled by a number of factors. Continued advances in screening processes has enabled rapid identification of potentially useful phytomedicines, while international regulations and harmonisation especially within the European Community, has opened up markets, encouraging further growth within the alternative remedies sector.

The Government has also played its part in stimulating growth by controlling state expenditure on healthcare. In the short-term, this will mean lower consumer demand for such products. But in the long-term, the transfer of non-essential drugs to the

OTC category, combined with a move to promote self-medication, is likely to provide herbal medicine companies with an opportunity to increase their share of an expanding market.

Furthermore, with GPs now more responsible for their budgets, prescription of expensive synthetic drugs may be reduced in favour of cheaper herbal remedies. Bearing these considerations in mind, and consumer demand for a healthier lifestyle, the pharmacist's role looks set to grow and develop, especially in advising consumers on the use and special properties of herbal remedies.

With pharmacy outlets accounting for 35 per cent of herbal remedy sales, they are in an ideal position to maximise profit and grow their share of the market. Herbal remedies should be placed next to dietary supplements and kept separate from homoeopathic and aromatherapy treatments, so that the consumer can clearly see the difference between these categories. To help consumers further in their choice of product, pharmacies

should try to display supporting literature.

For specific product information refer to manufacturer's literature which outlines the ingredients, action, special properties and directions of use for all remedies in the range. Many companies produce directories of their brands outlining the relevant information.

Higher sales

Merchandise research indicates that higher sales can be achieved by classifying remedies according to their indication. The three key areas for profit are sleeplessness, stress and water retention, which can contribute to 70 per cent of total sales.

With herbal remedies experiencing a 14 per cent year on year growth, stimulated by growing consumer disillusionment with orthodox medicines, pharmacists who actively support this sector can look forward to some healthy returns!

• This marketing article was contributed by Heath & Heather

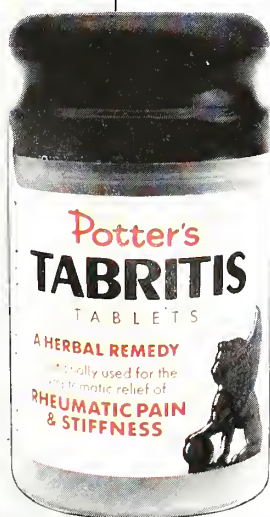
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An "MOT" certificate for medicines, only issued to genuine medicines which meet Government standards



Each tablet contains: Elder Flowers 60 mg, Yarrow 75 mg, Prickly Ash Bark 60 mg, Dry Ext. Burdock 100, 37, 22 mg, Dry Ext. Cloves 100, 28, 17 mg, Dry Ext. Poplar Bark 10, 1.6 mg and Dry Ext. Uva Ursi 5, 2.4 mg
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Made to international quality standards

Full formula showing controlled dosage of active ingredients, each of which has been justified to doctors and pharmacists at review as safe, workable and meaningful

A name to trust - 200 years of herbal medicine tradition

A product tried and tested by customers over nearly 30 years

Dosage approved for normal use, special requirements or restrictions (eg for children or in pregnancy) listed as required

Potter's
TABRITIS
TABLETS
A HERBAL REMEDY
traditionally used for the symptomatic relief of
RHEUMATIC PAIN & STIFFNESS

ADULTS AND ELDERLY:
Two tablets three times a day.
If condition worsens seek medical advice.
KEEP MEDICINES AWAY FROM CHILDREN

Potter's
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Claim approved by MCA only on sufficient evidence of efficacy

The herbal principle requires the whole herbs, or their extracts, to be used for maximum benefit.

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turn one of today's greatest problems
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traditional herbal remedy to help
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Keep Kalms
THE BRAND LEADER



LEADERS IN NATURAL HEALTHCARE

Support behind Weleda for 1994

A £400,000 advertising campaign is supporting Weleda's anthroposophic and homoeopathic medicines in 1994.

The advertisements will appear in the consumer Press carrying the headline "Weleda — the timeless ingredient". The campaign will reinforce the natural family healthcare positioning for Weleda medicines, say the company.

The campaign will break with the best-selling Arnica range.

In-store literature and posters are available to support the campaign, and Weleda plan

seminars and exhibitions later in the year for health professionals.

For further details of the training seminars call **Weleda**. Tel: 0602 309319.



Aru cream causes a storm



Following success in Scotland, Aru cream and oil is now available throughout the UK. A £50,000 marketing campaign will run through 1994 to sustain the momentum of the product, say Aru.

Aru is based on borage oil and is available as cream or oil. The company claims a 75-80 per cent success rate for the product in clearing eczema and dry skin conditions.

A phased region by region distribution of Aru background packs will begin this year. Aru Herbal Products. Tel: 0387 373337.

Homoeopathy — is there anything in it?

The jury is still out on homoeopathic medicine, it seems. While evidence exists of its success in human and veterinary treatment, 70 per cent of pharmacists are still sceptical.

To this end, homoeopathy manufacturers are investing in training for the community pharmacist. They see the pharmacy as the best place to sell homoeopathic remedies backed up by a sound knowledge of the subject. Nelsons now find that 85 per cent of their business is going through pharmacies.

"Community pharmacist endorsement is crucial to the development of homoeopathy. The public recognise that the pharmacist is the community healthcare expert," says Tom Russell, marketing manager for Nelsons.

The homoeopathic principle of like treating like was discovered by Christian Samuel in 1755. The most difficult aspect for those trained in orthodox medicine is the dilution of the tincture. The final medicine, after the serial dilutions, in theory should have no molecules left at all of the original tincture. But the process of succussion is said to impart energy to the remedy (to potentiate it) and is the vital key in the homoeopathic preparation technique.

The array of products available in itself can cause a substantial amount of confusion along with the number of different dilutions made.

Dilutions are made to either X, C or M potencies:

- X is a one in ten dilution (6X means this has been carried out six times).
- C is a one in 100 dilution
- M means the one in 100 dilution has been carried out 1,000 times.

Homoeopathy, along with most other complementary or alternative remedies, uses a holistic approach to treatment. One remedy may be used to treat a wide range of different conditions in different patients, and two patients with similar symptoms may not receive the same remedy.

Homoeopathic remedies are available on the NHS, but are not included in the Dental Formulary. Prescriptions should be endorsed with the cost price of the item and "ZD" for zero discount.

The homoeopathic market is currently consumer-driven and has seen a 60 per cent growth in the past five years. Some 79 per cent of homoeopathic purchasers are women.

With the education push towards pharmacy well into its swing, the market should continue its substantial growth.

Polycrests are a group of 20-30 medicines, sometimes called **specifics**, which may be used to treat similar conditions in large groups of patients, thus removing the necessity for individualisation in simple self-limiting or acute complaints. Polycrests are the ideal homoeopathic product to be dispensed for self-selection as they do not require an individual holistic approach to treatment.

Aconite
Aconitum napellus
Arnica
Arnica montana

Ars alb
Arsenicum album
Belladonna
Atropa belladonna
Cantharis
Cantharis vesicatoria
Chamomilla
Euphrasia
Euphrasia officinalis
Gelsemium
Gelsemium sempervirens
Hypericum
Hypericum perforatum
Nux vom
Nux vomica
Rhus tox
Rhus toxicodendron
Argent nit
Argentum nitricum
Cocculus

Anxiety, fear, sudden onset (bereavement). Start of flu.

Results of trauma, mental or physical tiredness (from exertion, sport, gardening, etc), bruising, post-operative (eg dental). May also be used before surgery/childbirth to help healing process. Diarrhoea, especially when related to food.

Throbbing headaches, flushed appearance, sudden onset, sore throats.

Burning sensations — sunburn, domestic burns, cystitis.

The infant remedy — colic and teething.
Constant lachrymation, hayfever when mainly eye symptoms.

Flu — "bones ache", runny nose, anxiety.

Blood and crush injuries — eg fingers shut in car door.

Gastric ailments from over-indulgence, better for vomiting.

Arthritic joints, worse for cold, worse on initial movement but better for continued gentle movement.
Nervousness, eg when taking driving tests.

Motion sickness, morning sickness in pregnancy.

Counselling suggestions

- Take medicines in a clean mouth about half an hour either side of food, tea, coffee, tobacco or any aromatic item (eg toothpaste)
- Shake the dose into the cap of the container and transfer to the mouth without handling
- The medicine should be sucked or allowed to dissolve on the tongue
- The medicines should not be mixed with other tablets
- The medicines should be stored away from strong smelling substances (eg perfumes, camphor), high temperatures and direct sunlight
- Aggravation of the symptoms can sometimes occur. This indicates the treatment is the correct one and the body is reacting to the stimulus. Advise that the medicine should be stopped until symptoms subside — usually around 12 to 24 hours — then restart the treatment.

Usomy

- **First aid situation or very acute cases**
Two tablets every half hour for six doses (maximum one to two days). Continue if necessary on acute dose.
 - **Acute cases**
Two tablets three times daily for seven to ten days.
 - **Longer standing cases**
Two tablets twice daily for four to six weeks.
Child dose: one tablet, as above.
- When treating everyday ailments it is recommended that the sixth potency be given.

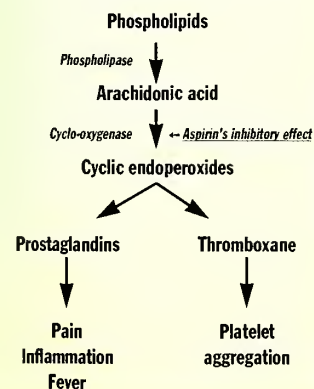
Aspirin's increasing role in the management of vascular disease

Aspirin is arguably the oldest and most widely used analgesic in the world today. It has become a household name in the treatment of everyday pain and is renowned for its effectiveness in reducing inflammation and fever. But there's much more to aspirin than its characteristic analgesic, anti-pyretic, anti-inflammatory effect because researchers are still finding amazing new clinical applications for this remarkably versatile drug.

Aspirin and prostaglandins

Prostaglandins are the key to aspirin's therapeutic success. Aspirin works by inhibiting the formation of prostaglandins, biochemical mediators with a diverse spectrum of physiological functions. Prostaglandins, for example, are responsible for the inflammatory response – the characteristic pain, swelling, redness and heat that accompany tissue damage. They also cause blood to clot by encouraging platelet aggregation.

The prostaglandin pathway



But medical attention is now turning to even more profound applications of aspirin's prostaglandin inhibiting effect. Vascular thrombosis is caused by a prostaglandin-like substance called thromboxane, which facilitates platelet aggregation. Aspirin can prevent thrombosis, thereby influencing the course of vascular disease, most significantly heart disease.^{1,2}

Treating acute heart attack

It is now a well established fact that aspirin saves lives. This has again been proved in a recent major study.¹ In 1988, the benefit of aspirin in preventing death from acute heart attack was dramatically demonstrated

“For every 1,000 patients admitted to hospital with acute myocardial infarction, about 100 can be expected to die within 35 days. From the results of ISIS-2, the use of full dose aspirin immediately would prevent 23 of these premature deaths.”¹

in the second International Study of Infarct Survival (ISIS-2)¹ among 17,187 people, administered either placebo or half an aspirin tablet within 24 hours of their first symptoms. The aspirin group experienced 23% fewer deaths than the placebo group, a significant result which was reinforced in 1992 by ISIS-3² (involving more than 62,000 patients), and again in 1994, by one of the most comprehensive overviews of all the evidence to date.¹ Such findings question the ethics of not using aspirin in these circumstances.

Preventing first and subsequent heart attacks

On the strength of such results, clinicians are now recommending prophylactic low dose aspirin to prevent a heart attack in patients with a known predisposition to heart disease. One study among 22,000 American doctors³ showed that aspirin could reduce the risk of a first heart attack by a startling 44% compared to placebo. Moreover, in patients who have already suffered a heart attack, aspirin has been shown, across a range of trials, to induce large and highly significant reductions in non-fatal heart attack.¹

Aspirin has also proved exceptionally useful in reducing the risk of death in patients with unstable angina,⁴ and in improving the outcome of vascular surgery, including coronary bypass grafts.⁵

With many new aspirin studies currently underway, we will soon know even more about exactly who can benefit most from daily low dose aspirin treatment.

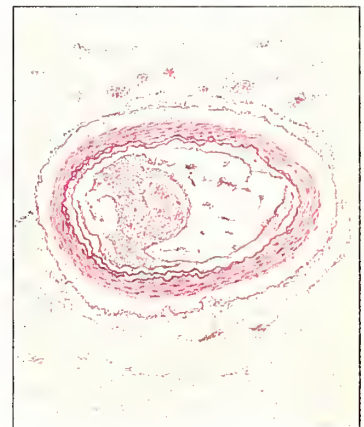
Prevention of stroke

Aspirin's potent anti-platelet effect has been shown to reduce thrombosis of the cerebral arteries (i.e. stroke).² Transient ischemic attacks (TIAs) occur when tiny fragments of a building thrombus become lodged in the cerebral vasculature, and these are often precursors to stroke. In a series of randomised studies in which aspirin's anti-platelet action was compared to placebo in 10,000 people with a past

history of stroke or TIAs, a highly significant reduction in the risk of suffering a subsequent vascular event was demonstrated.⁷

The future for aspirin in vascular disease

Aspirin's potential for large scale prevention and treatment of one of the most important causes of morbidity and mortality in the western world – vascular disease – is becoming increasingly clear. Today it is estimated that in the USA, up to 30 million people with previous stroke, heart attack or existing peripheral vascular disease could benefit by taking aspirin on a daily basis.⁷



Cerebral artery thrombosis

That does not take into account the millions with other known risk factors, and those who have yet to present. It is anticipated that in the future even more clinicians will recognise the impact that aspirin can make on peoples' lives, and that more will make use of its potentially life-saving benefits.

References: 1. BMJ 1994; 308: 81-106. 2. BMJ 1994; 308: 159-68. 3. Lancet 1988; ii: 349-60. 4. ISIS-3 Update 1991, 2: 1-7. 5. N Eng J Med 1989; 321(3): 129-35. 6. Circulation 1985; 72(6pt2): V155-60. 7. European Aspirin Foundation.

THE EUROPEAN ASPIRIN FOUNDATION: IMPROVING ASPIRIN AWARENESS

The European Aspirin Foundation aims to increase the knowledge and understanding of aspirin, probably the world's oldest and most widely used medicine.

By stimulating the distribution and exchange of information and discussion on all aspects of aspirin, including current research and old and new therapeutic uses for it, the European Aspirin Foundation helps to co-ordinate current worldwide awareness and increasing medical research interest in this vitally important medicine. Aspirin is a versatile and trusted home remedy with a long history, that also promises important new applications in medicine.



Willow tree (Salix alba)
Natural source of an aspirin-like substance, salicin

Find out more about new uses for aspirin

by completing this coupon and returning to the European Aspirin Foundation, PO Box 7, Ripley, Woking, Surrey, GU23 6YU.

Name: _____

Pharmacy address: _____



Bennetts extend borage oil range

Bennetts Herbal Products are adding more borage oil products to their range for eczema and psoriasis which will be available in April.

The new moisturising products are Hint of Mint lip balm (10ml, £1.11); Children's soothing cream (50ml, £2.69); Soothing eye gel (10ml, £1.59); and Herbal hand cream (100ml, £7.68), all of which contain borage oil. Also available is Babies barrier cream (100g, £1.81). **Bennetts Herbal Products.** Tel: 0387 53326.

Added value from H&H

Throughout February, Heath & Heather are offering value added promotions on their Quiet Night and Water Relief tablets.

With every purchase of Quiet Night tablets (£3.45 for 90), consumers will be offered a free sachet of soothing bath essence. And a free sachet of bath granules will be available with every pack of Water Relief tablets (£3.45 for 90).

Consumer leaflets will cover insomnia, stress and fluid retention. **Ferrosan Healthcare.** Tel: 0932 336366.

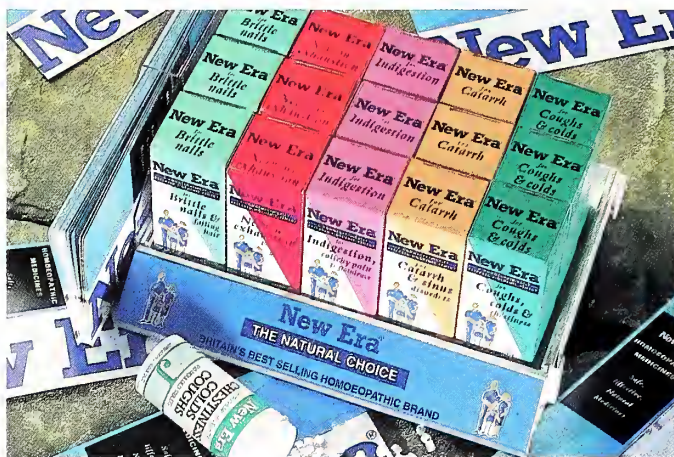
New Era combinations for self-selection

Four more combination remedies from New Era are being cartoned and a self-selection display pack will be available for the products.

Following the success of cartoning two products last year, New Era now add four more: Combination J for coughs, colds and chestiness; Combination B for nervous exhaustion and general debility; Combination K for brittle hair and falling nails; and Combination E for indigestion, colicky pain and flatulence.

The display pack will contain three of each of the new packages in addition to Combination Q for catarrh. A leaflet dispenser is included on the unit and shelf strips will be available with each outer ordered.

"The sales of the two remedies that were cartoned last year clearly show an increase in sales over 45 per cent for both of these remedies," according to Tim Horne, group product manager for New Era. **Seven Seas.** Tel: 0482 75234.



Education will be the key for 1994

The focus from Nelsons will be on the retailer and education for 1994.

Nelsons will not only be looking to increase the service they provide through more training of the salesforce but retailer training will be top of the agenda too.

"The whole market is dependent on knowledge. If pharmacists have the confidence to recommend homoeopathy then the market will grow," said Tom Russell of Nelsons.

The cornerstone of Nelsons' education push is the Nelsons Guide which they launched at Chemex last year. But the company is continually looking at ways of improving the programme, with leaflets, booklets and videos.

Point-of-sale material will also be developed in 1994.

"We appreciate that many pharmacists have problems with space. As a company we are trying to embrace the needs of the pharmacist," said Mr Russell.

Nelsons will be putting greater emphasis on homoeopathy as "the all round player — not just an individual treatment". **A. Nelson.** Tel: 081-946 8527.

Homoeopathic treatment for hayfever-like conditions

This year Bioforce, a Swiss company that specialises in herbal products, intends to target pharmacy outlets throughout the UK. Point-of-sale material and packaging is

being revamped at the same time.

Education for the consumer as well as the pharmacist is the company's aim so that the awareness of herbal products will increase, says Dr Jen Tan of Bioforce UK.

In Spring this year, Bioforce are launching Pollinosan, a homoeopathic preparation for the relief of allergies and hayfever-type conditions which are accompanied by sneezing, itching in the nose, throat, and eyes, asthma and coughs.

Pollinosan has been shown to give "distinct improvement" to symptoms in 60 per cent of cases in a survey conducted in the Netherlands. The product has been available on the Continent for some time.

It is made from seven plant ingredients which are then potentised according to homoeopathic principles. It will be available in tablet or tincture form. **Bioforce (UK).** Tel: 0563 851177.



Potter's support top seven

Potter's will be supporting their top seven products with a £300,000 spend during 1994.

The products in question — Vegetable cough remover, Antifect, Diuretabs, Newrelax, Acidosis, Antitis and Tabritis — will be featured in women's Press, the Daily Mail and Sunday supplements.

An information campaign aimed at consumers and

retailers through regular newsletters and education leaflets on herbal medicines will also run through the year.

Potter's have made available for the pharmacist an advisory sheet "making the most of herbals in your shop". The sheet helps with display, new laws and improving sales potential. **Potter's.** Tel: 0942 34761.

Japan's top health food hits the UK

Chlorella Health, Japan's number one health food, will soon be attracting a lot of attention in the UK, say Chlorella Health.

The company is concentrating on getting editorial in the national, women's and health and fitness Press. Features will be appearing in the *Sunday Mirror*, *Time Out*, and the *Daily Mirror* about the product which claims to be "the most nutritionally potent wholefood known to man".

The product can be obtained direct from Chlorella and a sales team are visiting pharmacies throughout the UK. A minimum order of six packs trades at £35.10. Each pack contains one month's supply and retails at approximately £8.99.

A counter display unit holding six packs will be available mid-February especially for pharmacies. **Chlorella Health.** Tel: 071-240 4775.

Alternatives for animals too

Dorwest Herbs, the company which produces human and veterinary licensed herbal medicines and supplements, are now looking to supply the human range through pharmacies rather than just mail order.

The human range consists of damiana and kola tablets,

scullcap and gentian tablets, kelp seaweed, garlic and fenugreek tablets, mixed vegetable tablets, natural herb tablets and digestive tablets. Dietary supplements are also available.

Of the two ranges, Dorwest Herbs say the veterinary range has the larger market. The

range consists of licensed herbal treatments for such conditions as coughs, rheumatism, constipation and eczema. Supplements to help with general health of animals are also available.

For booklets on the use of products, contact **Dorwest Herbs.** Tel: 0308 897272.

Waking up with a 24 hour nicotine patch helps the craving stay asleep.



a fact that around 75% of smokers light up within 30 minutes of waking up. Which is why the Nicotinell 24 hour patch is specially designed to help fight the early morning craving. By staying by your side all through the night. So it's no surprise that Nicotinell is brand leader, with 57% market

nicotinell TTS 30
Patch Programme to help control smoking



L 7 days supply of large size nicotine patches for smokers of 20 or more cigarettes a day

share[†] What's more, it offers more than double the shelf yield of its nearest competitor[†] And our new multi-million pound TV campaign in 1994 should really see your sales light up. So stock up on Nicotinell, the smoker's 24 hour partner. You'll be surprised how many you get through

FOR FURTHER INFORMATION ON NICOTINELL OR TO FIND OUT ABOUT OUR NEW YEAR BONUSES, PLEASE CONTACT YOUR ZYMA HEALTHCARE REPRESENTATIVE OR PHONE 0306 742800 AND ASK FOR SALES SERVICES



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NIC 1A/94

INDICATION: Transdermal therapeutic system containing nicotine, available in three sizes (30, 20, and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **INDICATION:** Treatment of nicotine dependence, as an aid to smoking cessation. **DOSAGE:** Stop smoking completely when starting treatment. For those smoking more than 30 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **CONTRAINDICATIONS:** Non-smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases, recent patch application and known hypersensitivity to nicotine. **PRECAUTIONS:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **SIDE EFFECTS:** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation are headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **LEGAL CATEGORY:** P. PACKS: NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. ©denotes registered trademark. PL HOLDER: Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood, RH5 4NU. DATE OF PREPARATION: January 1994.

Do you sometimes feel you can't go on? That the strains of running a business are getting too much, but there is no way out and no-one to talk to? That you can't seem to concentrate properly and you're seriously worried about putting your patients at risk?

What you need now is a Listening Friend — someone who knows what you are going through and with whom you can share your burdens.

This is exactly what the Royal Pharmaceutical Society is hoping to establish — a network of mature, experienced pharmacists who are good listeners and are prepared to help colleagues in distress.

The prime mover is Council member Alan Nathan who has a wide experience of community pharmacy, having run his own business and done locums before becoming a Boots teacher/practitioner at King's College, Chelsea.

"Ideally we would like two or three pharmacists available in each branch to act as Listening Friends," he says. "Initially we are looking for those who have had some experience or training in counselling, but eventually the Society would set up a training scheme of its own."

The volunteers must be pharmacists because they need to be able to understand pharmacy's specific problems. And, where possible, they would come from the same branch of pharmacy as the client. While most are likely to be community pharmacists, the scheme would be open to all branches of the profession.

The Help for Pharmacists Under Stress (HelpUS) scheme, approved by Council in principle last February, is quite separate from the Sick Pharmacists Scheme, which exists to help pharmacists who have drink or drugs problems or who are mentally ill. Mr Nathan regards HelpUS as an additional service in the increasing welfare role that the Society should be developing for its members.

Support

Pharmacists who agreed to seek help would be approached by a Listening Friend who would assess the problem and decide whether more specialist advice was needed. If not, the Listening Friend would support the pharmacist until he or she felt able to cope again. This could involve giving practical business advice or even helping to clear up messy premises.

If the pharmacist did not want to disclose confidential information to someone he or she might consider as a nearby rival, the Listening Friend would come from a neighbouring branch or even further afield.

The Society's law department will co-ordinate the scheme and provide a manual for Listening Friends, which would include a directory of self-help groups and other support services. The volunteers will be trained to know just how far they should go and will not be expected to

get involved in matters beyond their capabilities, such as family problems.

"The most important aspect is that there is someone prepared to sit and listen to what the pharmacist has to say," says Mr Nathan. "A major problem, particularly in independent pharmacy, is professional isolation. The pharmacist has no-one to turn to when he is in trouble. Because of the long hours worked and exhausting nature of the job, many pharmacists are unable to develop contacts with colleagues at branch meetings and so on."

The idea first came to Mr Nathan when he heard that the

Society's inspectors were increasingly coming across legal or ethical infringements which were due to stress rather than deliberate misdeeds.

"These were people who had let their standards of premises and practice slide because they just couldn't cope any more. Rather than haul them through the disciplinary system we thought it better to help them, particularly as the inspectors are moving more towards a welfare role."

Some inspectors have actually given up their own weekends to help pharmacists tidy up, but there is obviously a limit to what they can do.

While acknowledging that

Enter the Listening Friend



Adrienne de Mont talks to Council member Alan Nathan about a new scheme to help pharmacists under stress

most community pharmacists work under some stress, Mr Nathan believes that pressures are increasing, and the resulting decline in standards in some pharmacies does not help the profession as a whole.

"I also believe the Society exists to serve its members and this is a more visible means of support," he says. "What many pharmacists don't realise is that if the Society closed down, the pharmacy profession would cease to exist within a year."

Who pays?

So who is going to pay for all this support?

"We felt there was no way we could increase the retention fees," he says, "so we are hoping that the Leverhulme Trade Charities Trust, which is already funding the Sick Pharmacists Scheme and which donates £10,000 a year as the Linstead Award for pharmacy research, will help us again."

The Listening Friends will be unpaid but will have their expenses reimbursed.

Eventually, Mr Nathan hopes the Society will employ someone full-time to run the HelpUS scheme, the Sick Pharmacists Scheme and another new project — advice for pharmacists in financial difficulties.

The latter was the brainchild of Mr Nathan, Gillian Hawksworth and Hemant Patel who, at last June's Council meeting, offered to produce suggestions for a rescue package for pharmacists facing financial problems as a result of changes in NHS remuneration. Initially, assistance will take the form of a resource pack, with written information on such topics as closing down a business and coping with redundancy.

This will probably amount to no more than information which resourceful individuals could find for themselves, but it will save the effort of having to get it together at a time of major difficulty. It is hoped that this and the HelpUS packs will be available in the next six months.

As far as Mr Nathan knows, HelpUS is a unique scheme among the professions. The Royal College of General Practitioners is trying to set up group therapy for GPs and to introduce stress management into the undergraduate curriculum. But he does not see the latter being introduced to the overcrowded syllabus of pharmacy schools.

"Doctors are subject to the greater stresses of dealing with death and disease right from the start," he explains.

No-one can predict how much time Listening Friends will need to devote to the job. They may rarely be needed or find themselves over-burdened, in which case they would be offered more assistance.

Anyone wishing to volunteer should write to Alan Nathan care of the Royal Pharmaceutical Society's headquarters or to Sue Sharpe, the Society's director of legal services.

Dishing up the attention of MPs

I feel obliged to reply to Mr Korsner's continuing criticism of the value of the Pharmaceutical Services Negotiating Committee's dinner.

He purports to represent the Middlesex Group of LPCs, ie Brent and Harrow; Barnet; Ealing, Hammersmith and Hounslow; Enfield and Haringey; and Hillingdon.

It is interesting to note that the following MPs who have accepted our invitation to the dinner have constituencies which cover the whole or part of the area covered by the Middlesex Group: Hartley Booth, John Marshall, Hugh Dykes, Nirj Deva, Harry Greenway and Piara Khabra.

It is not important which group in pharmacy claims credit for the Department of Health's retreat on the threshold from 2,000 to 1,500 (which is still very unsatisfactory). But it is clear that the volume of correspondence generated by contractors and MPs ensured a change in mind of the DoH. The PSNC is still fighting to have the arrangements for the transient 1,000-1,500 items to become permanent.

Many pharmacists in the Middlesex area dispense between 1,000 and 1,500 items monthly. Any opportunity to bring to the attention of MPs the adverse effect this would have on their constituents (pharmacists and patients) must not be missed.

Mr Korsner and his supporters would be better advised to represent the interests of their contractors constructively rather than indulge in ill-advised and, often, ill-informed comments.

David Sharpe
Chairman, PSNC

Wardle scheme needs support of the PSNC

I read with mixture of fury and despair the reaction of the Pharmaceutical Services Negotiating Committee to the Wardle initiative reported in C&D last week (pp150/153).

The Wardle scheme for the supply of appliances must be given credit for its support of independent pharmacy and encouragement of the continuation of pharmacist/patient communication.

As such, it deserves the full support of the PSNC (including its seven National Pharmaceutical Association members) and that of the NPA itself. The alternative, in consideration of the zero on-cost received by pharmacists, is to see these transactions pass



Melanie Snowden, of F. J. H. Wrothwell Pharmacy, Pickering, North Yorkshire, is the latest National Pharmaceutical Association assistant of the month. Melanie received a framed NPA certificate and a £20 gift voucher from Marion Merrell Dow for her excellent work. Les Calvert, Yorkshire NPA board member (left), presents the certificate to Melanie in the presence of pharmacist Philip Quinlan, who supervised her work for the year

to mail order appliance contractors or stoma nurses financed by appliance contractors.

The PSNC's first knee-jerk reaction to any positive "acclimatisation" moves by pharmacists adapting to the conditions they themselves have negotiated is to vaguely "wonder" and "question" and to introduce uncertainty. Remember the early days of parallel importing and the eventual outcome? There is no specific criticism mentioned from the Terms of Service and, even if there were, then the Terms should be changed as it seems to me that they would be acting in restraint of trade.

I predict that the PSNC will now grandly proceed to highlight the variation in on-cost received by pharmacists and appliance contractors and press for alignment, which will no doubt be agreed by the Department of Health at zero.

It is a matter of grave concern that bodies and publications which should be seen to be supportive and loyal to pharmacy, in fact, provide the arms and ammunition to its assassins.

G.J. Weaver
Bath

Shock at Xrayser support of the status quo

It is probably fair to say that, over the years, your readers have enjoyed interest, sustenance and even inspiration from your Xrayser column.

It comes as a disappointment, therefore, to read in last week's column, Xrayser's poorly informed criticism and mis-analysis of the Hertfordshire resolution to

the LPC Conference.

This resolution has nothing whatever to do with the fluctuating image of the PSNC as a whole or its chairman. There is nothing about this motion which is "knee-jerk", as Xrayser describes it, and it is not a matter for trivialised comment.

Maybe Xrayser is not, after all, as well informed as we supposed. Does he not understand that the far-reaching, radical changes in NHS structure and operating principles now affect not only the future of community pharmacy, but also the way in which we must address remuneration, roles and negotiating itself? Is Xrayser not aware that our fortunes, since the demise of "cost-plus" have systematically deteriorated?

It is now obligatory that we look at the structure and functions of our own negotiating machinery to determine its suitability and effectiveness in the new cost-conscious NHS.

The PSNC functioned ably within the well-ordered structure of the old cost-plus contract because all the financial parameters were systematically set out; negotiation was well directed by sound principles which were matters of fact and not philosophy. But the PSNC is no longer successful and there are two main reasons for this:

- the Committee has not properly adapted to the new environment where there are no cost bases underpinning the discussions
- presentation of the community pharmacy case has not been based on "value added" to the overall NHS service, and "health gain" and "productivity" related to overall NHS cost

savings.

We believe that pharmacy has such a case but that new direction and structure of the PSNC is concomitant to effective presentation. Pharmacy must urgently acquire new skills to effectively deliver that case.

It follows that we must rigorously overhaul the efficiency of the PSNC and its operating procedures. For example, the Committee is far too big at 25; the line of succession to the chair is totally absent, as is the training for each office; no negotiating team presentational expertise has been developed, and presentations to the Department of Health are usually a relatively unassisted one-man performance.

We state unequivocally that such absence of professionalism of approach to organisation and structure is now wholly unacceptable. In truth, it always was, but cost-plus circumstances did not expose the deficiency. Contractors now demand better! They have a right to so do — they're paying enough for it!

Xrayser's approach is trivial and shallow. He has simply not thought it through.

He makes the false assertion that "if the chairmanship is forced ... to change at predetermined intervals then invaluable experience and continuity will be lost".

Who on earth has suggested that the outgoing incumbent from the chair should be lost? Why does Xrayser make such a foolish pronouncement? Is he just an establishment voice trying to prop up the tired status quo?

The purpose in rotating the chair is to bring innovation and novelty to content and approach in negotiation. It is also to prevent the Department making the assumption that they know the negotiating leader inside out and, therefore, how to out-manoeuvre him.

We do, however, concur with Xrayser's final assertion that the Department currently makes "mincemeat of our negotiators". He is unassailable on this point. But please, Xrayser, on more profound matters, think carefully before bursting into print in automatic defence of the establishment.

We, for our part, have done a lot of in-depth thinking on the future of community pharmacy and its implications. May we suggest that you drop forthwith your knee-jerk approach to such a serious subject and properly address the big issues of the day.

B.C. Simpkins

Chairman, Hertfordshire LPC

M.R. Richard

Vice-chairman, Hertfordshire LPC

Hand-wringing after the event

Recent reports seem to suggest that some members of the Royal Pharmaceutical Society of Great Britain are becoming concerned at the apparent lack of interest shown by the Council as a whole to the effects of remuneration changes on contractors. It's a bit late, isn't it?

I have consistently gone on record as deploring the hand-wringing, after the event, of those who are supposed to represent the interests of our profession. But merely viewing with disgust the cavalier way in which our Council treats its largest group of members is not sufficient. It is time for positive solutions.

The problem lies in rational distribution; it always has. Contract limitation was welcomed in the 1980s but, judged by the Government, the "rewards" are now being reaped. The service is no longer properly targeted and cannot therefore be "afforded". The result is underfunding.

Our job now must be to co-operate fully with family health services authority desires to achieve excellence in pharmaceutical services, and which are appropriate in every area for those who require it: the patients.

We must press hard for local research to decide on the three criteria of location, quality and cost. Having elucidated our objectives, we must aim to get there. There will be some hard choices to be made at local level and we need to be in there influencing those decisions.

It may well be that some local funds can be made available to help relocate uneconomic pharmacies which do not fit the criteria for LQC. And I believe it is time that we climbed off our high horse and consider how we can contribute to that movement.

By that I mean, of course, that some money must be offered from within. If we can convince the Department of Health that it is in everyone's interests to relocate, merge or even close certain pharmacies outside the normal market forces-driven criteria, then surely we will see funding from central government and FHSAs to match what we ourselves are prepared to offer. That's not naïve, that's realistic.

My anger at our treatment by the Government and my dismay and disgust at the lack of interest shown by our professional body are not abated, but our feelings need now to be rechannelled.

The same amount of effort

and energy previously used to fight, turned into a positive direction, will make the changes we all believe in.

P J Culphey
Isle of Wight

Solution available for methadone mixture

I note from a recent edition of your journal that, due to manufacturing difficulties with Unpreserved Syrup BP at a major pharmaceutical company, pharmacists may be experiencing problems in dispensing prescriptions for methadone mixture.

For nearly two years, our company has been producing a ready-to-use preserved green solution that requires only the addition of the methadone. Prolonged storage tests do not show any precipitation. The product is already being used by many pharmacists in the North West.

The product is packed in 1, 2 and 5 litres and is available from

Unichem branches and Numark distributors.

F J Armstrong
managing director
M&A Pharmachem Ltd

Modem warning following security upgrade

I have just had my security system upgraded to British Telecom Redcare Signalling, which uses an existing BT exchange line.

But I have found that, since the upgrade, I am unable to use my modem (which is on the same line) to transmit orders to my wholesaler. Neither BT nor the security firm made me aware that this problem may occur.

Any pharmacist contemplating changing to Redcare would be well advised to use a separate exchange line.

D N Patel
Aston, Birmingham

Coming Events

Monday, February 7

East Metropolitan Branch RPSGB and West Ham & District Association of Pharmacists at the Wanstead Library, Spratt Hall Road, E11, 7.30 for 8pm. Buffet provided. "Arthritis. What else can we do?", speaker Dr Douglas Woolf, consultant rheumatologist.

Northern Scottish Branch RPSGB at Craigmore Hotel, Inverness, 8pm. "Current pharmaceutical issues", speaker Ian Caldwell, council member RPSGB.

Southampton & District Branch RPSGB at Southampton General Hospital, 7.30 for 8pm. "The Hampshire Fire Service", speaker Station Officer Anderson.

Tuesday, February 8

Leicestershire Branch RPSGB at Post Graduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. Post Grad 3, "Health of the Nation — Accidents", speaker Sandra Whildes.

South Staffordshire Branch RPSGB at Post Graduate Medical Centre, Weston Road, Stafford, 7.30 for 8pm. "Seamless care" rehabilitation lectures.

Ayrshire Branch RPSGB at the Piersland House Hotel, Troon, 8pm. "Putting quality into practice", a 3M presentation.

Lanarkshire Branch RPSGB at the Old Mill Hotel, Motherwell, 8pm. "In vitro fertilisation", speaker Dr R Yates, consultant obstetrician and gynaecologist, Glasgow Royal Infirmary.

Wednesday, February 9

Aberdeen and North Eastern Scottish Branch RPSGB at Room C404, The Clarke Building, Robert Gordons University, Aberdeen, 7.15pm. "Audit: What is it all about?", speakers C Bond, A Williams, Dr A J Winfield.

Thursday, February 10

Cardiff and South Glamorgan Branch RPSGB at The Bute Building,

UWCC, 7.30pm. Joint meeting with WPSA. "Current pharmaceutical topics with lively debate", speaker Nicholas Wood, president of the RPSGB.

Glasgow & West of Scotland Branch RPSGB in the Walton Suite, Southern General Hospital. "The Todd Lecture — patients, pharmacists and asthma inhalers", speaker Professor David Ganderton.

Advance Information

Drug & Therapeutics Bulletin is holding a symposium on drug treatments on **March 10** at the Royal College of Physicians, London NW1, 9.30am-5.00pm. Further details from the symposium administrator, tel: 071-935 3261.

Three-day UKCPA Residential Spring Symposium organised by the Practice Interest Groups on **March 11-13**, at the International Moat House Hotel, Harrogate. Further information from Pat Kennedy, tel: 0533 55020.

Scottish Pharmaceutical Association is celebrating its 75th anniversary on **April 24** at the Dunblane Hydro Hotel, Perthshire. Further details from the secretary on: 041-221 1235.

The Scottish Pharmaceutical Sciences Group is holding a joint meeting with the Scottish Office on **April 27** at the Murray Royal Hospital, Perth. "Pharmacy practice research", topic: advances in immunology. Further details from Dr J R Johnson, tel: 041-552 4400, ext 2677.

The Royal Society of Health is holding a conference on "The Health of the Next Generation", on **April 19** at the Royal Society, 6 Carlton House Terrace, London. Fees and details from Dawn Scanlan, tel: 071-630 0121.

The annual dinner and AGM of the **Cosmetic Toiletry & Perfumery Association** will be held on **May 19** at the London Hilton on Park Lane. The AGM will start at 6pm, dinner at 7.30. Tel: 071-491 8891.

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United Drug pharmacy sales slow

United Drug's sales to community pharmacies grew at a lower rate than in previous years, according to their latest annual report.

This was thought to be due to a combination of factors including the low incidence of illness during winter 1992, reduced prescribing in response to efforts by the Department of Health to curb the cost of the GMS and a lack of consumer spending.

This year's results incorporate an 11-month first time contribution from Sangers, their Northern Ireland wing. Sales to September 1993 grew by 17 per cent on the previous full year which was well ahead of the market growth.

A move by the wholesaling division to a purpose-built facility in Dublin, combined with electronic ordering and mechanised transportation, will it to handle substantial volume increases without incremental costs.

Pemberton Marketing, a consumer products division, experienced a difficult year as high interest rates, devaluation of the punt and economic uncertainty resulted in destocking by retailers and weak consumer spending.

In photography, Pemberton had margins squeezed further as they absorbed price increases caused by a strong dollar and yen, to defend their large market share.

Numark wholesaler acquires Sheffield independent

Numark's newest wholesaler member, Mawdsley-Brooks, have acquired Sheffield independent wholesaler Smith & Hill (Chemists) Ltd for an undisclosed cash sum.

Smith & Hill will carry on trading under their own name, with their Sheffield site treated as an autonomous depot.

The deal, which includes the transfer of all assets, went through on January 31 and adds another dimension to the Yorkshire wholesaling scene.

Bradford Chemists' Alliance's takeover by Unichem prompted the formation of the Yorkshire

Pharmaceutical Alliance to give more muscle to independents (*C&D* January 15, p100).

BCA is still a Numark member, with the voluntary trading organisation's managing director Terry Norris still to set a date for an EGM to decide BCA's fate.

Now, by plugging into the MB network, S&H will have a bigger bite of the Yorkshire cherry. Their chances will improve with an increased salesforce, which is one of their medium term plans.

Before then, there may be some job losses, says MB finance director Ian Brownlee. He could not say how many of the

40-strong work-force would go or when.

S&H are full-line wholesalers who service several hundred pharmacies within a 40-mile radius of their Sheffield depot. Before the takeover they did not handle generics or parallel imports, but they will enjoy a greater product range under MB. This is in addition to Numark products and services which will be introduced from March.

MB will continue to serve Greater Manchester, Lancashire and the West Midlands from their West Bromwich and Salford depots.

Chiroscience join market with £102m tag

Chiroscience, the Cambridge-based company who specialise in chiral pharmaceuticals, have set their share price at 150p, giving them a market capitalisation of £102 million.

The company is offering 13.3 million shares to the public, with the remainder going to institutions from a total placing of 30 million, valuing the issue at £45m.

The basis of the allocation was due to be announced on February 4 with dealings expected to start a week later.

It had been understood that

the company were planning to raise about £35m from the issue (*C&D* January 22, p139). The high price tag has attracted some criticism from City analysts who had valued the firm at around £80m.

The *Financial Times* comment was that it took "a bold company to lay claim to a market valuation of £102m less than two years after it emerged from a £1m management buy-out".

The company currently have around 100 employees, a figure expected to rise to 300 by 1996, with 80 per cent working on research and development.

Of the £45m raised from the share issue, £5m will be realised by venture capital companies and £4m will be used to finance an employee share trust.

The remainder, together with cash reserves of £6.9m, will be used to market existing products and expand site facilities.

Ethicals worth £30bn in Europe

The European ethicals market was worth £30.4 billion in 1992, which accounted for 33.8 per cent of the total world market, says a market report from Datamonitor.

The cardiovascular market is the largest of the therapeutic categories, primarily because heart disease is the number one killer in Europe.

European companies dominate the home market, with seven of the top ten based in Europe. But the market is fragmented, and the top ten companies only account for 37 per cent of the market.

Glaxo was the market leader with a 6 per cent market share (European POM sales £1773.3m), while Smithkline Beecham were placed seventh with a 3 per cent share. Zeneca and Wellcome also featured in the top 20 companies, each with a 2 per cent share.

• *European Pharmaceuticals* (£995), tel: 071-625 8548.

Girobank freeze

Girobank are freezing banking costs on their small business account until 1995. The account is for businesses with a turnover of up to £250,000 a year. The tariff is held at 65p for a credit or debit to the account and £1.75 per month for administration. Free statements are provided along with postage paid trans-action envelopes.

CPA debt warning

The Credit Protection Association warns that a move towards charging interest on overdue debts could backfire and result in even longer payment times. The CPA suggest a more useful step would be for the business to list overdue accounts in their published accounts, therefore deterring other companies from trading with the debtors.

HSE risk leaflets

A free leaflet "Five steps to risk assessment" is available from the Health and Safety Executive. It provides practical guidance for employees on how to assess and control risks to health and safety in the workplace. A risk assessment form is also included which employers can adapt to their own circumstances.

Pentax on the move

Pentax UK is moving to purpose-built premises in Langley, Slough. Pentax will continue operating from its South Harrow offices until February 11 with the move will take place over the weekend so that all systems will be in place by February 14. The new address is: Pentax UK, Pentax House, Heron Drive, Langley, Slough SL3 8PN (tel: 0753 792724).

Intercare adjust figures

The Intercare Group amended items in the cash flow statement of their 1992 accounts following discussions with the Financial Reporting Review Panel, according to a report in the *Financial Times*.

The three errors highlighted by the Review Panel were:

- including sums that were not cash, because they related to shares issued as consideration for an acquisition, in cash outflow on

subsidiaries and cash inflow from financing;

- not including the negative balances of cash and cash equivalents acquired in the subsidiary undertakings in the cash consideration for acquisition of subsidiaries; and

- not showing the figures for interest receivable and payable on a cash basis although the difference was not an appreciable amount.

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If you are interested in supplying your current and new customers with **FOOD SOURCE ONE** and participating in our Co-op Advertising Programme in your local newspaper, please ring **0625 548518** and ask for "**DISTRIBUTOR SALES**".

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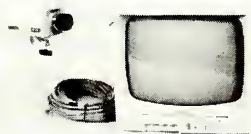
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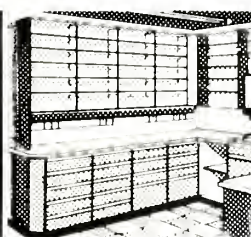
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Contact Ajay

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LYMINGTON, HANTS - Experienced locum required for one week during school holidays, choice of 25/7/94 or 1/8/94 or 15/8/94. Tel: 0590 673745.

LONDON, SW1 - Locum required for regular Saturdays. Tel: 071-623 9710 Mon-Fri or 071-352 2076 (Sat-Sun).

EAST LONDON - Locum required for regular Sundays, hours 10am-5pm. Tel: 081-981 4528 daytime or 081-478 5614 evening.

ASSISTANTS

LONDON N4 - Experienced counter assistant required full or part time. Tel: 081-800 8801.

SITUATIONS WANTED

ESSEX, SUFFOLK - Community pharmacist available Friday evenings on a regular basis and week commencing February 21. Tel: 0255 672845.

LONDON - Pharmacist available. Tel: 081-677 0938.

HALIFAX AND 10 MILE RADIUS - Experienced reliable locum available from beginning of February, Monday, Tuesdays and Wednesday, short term. Tel: 0422 367453.

TYNE & WEAR, DURHAM & CLEVELAND - Mature locum available. Tel: 091-373 2507.

BUSINESSES FOR SALE

ESSEX COAST - Good sound pharmacy with 3 bedroom accommodation, pleasant location, ideal from young pharmacist who wants a good income, sale due to ill health. Tel: 0255 502586.

WARWICKSHIRE RURAL - ESP L/H or freehold, offers. Tel: 0926 612315 pm.

LONDON SW1 - Due to retirement established city business, leasehold, good private and counter dispensing, NHS contract. Tel: 081-204 6961.

EXCESS STOCK

TRADE LESS 15%+VAT - Sodium bicarbonate 500mg caps x 1000 (exp 8/95). Tel: 0772 683288.

TRADE LESS 40%+VAT+POSTAGE - 84 Melleril 50mg (exp 3/94), 100 Endoxana 50mg (exp 3/94), 100 Provera 100mg (exp 3/94), 9x100ml metoclopramide syrup (exp 3/94). Tel: 0742 361070.

TRADE LESS 30%+VAT+POSTAGE - Ponstan paed susp, Pepcid 20mg, 40mg, Stelazine 1mg, Norval 20mg, Indocid 50mg, Syntex Menopase, Becotide paed susp, Harmogen 1.5mg. Tel: 0533 743200.

TRADE LESS 40%+VAT+POSTAGE - 5x30 Conveen Urisheath 30mm 5205 (exp 4/94). Tel: 081-960 5454.

TRADE LESS 30%+VAT+POSTAGE - 5x100ml Sod bicarb 8.4% infusion, 2x30 Biotrol Integral 32-440 (40mm), 3x30 Biotrol Integral Elite 32-840 (40mm). Tel: 081-428 4373.

TRADE LESS 50%+VAT+POSTAGE - 1x10 Piportil inj 50mg (exp 10/97), 4x1ml Clopixol inj conc 500g (exp 7/96),

12 Celance 1mg (exp 4/94), 2x28 Plendil 5mg (exp 5/94). Tel: 081-672 2524.

TRADE LESS 40%+VAT+POSTAGE - 2x50ml Sandimmun 100mg/ml, 14x30 Surgicare S261, 4x5 Surgicare S355, 1x5 Surgicare S353. Tel: 0858 467027.

TRADE LESS 50%+VAT - 5x168 Cyprostat 50mg (exp 7/97), 26x30 Diberyline (exp 3/95). Tel: 021-552 6627.

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TRADE LESS 20%+VAT - Convatec Stomahesive flange S241 2x10, Aquadry urine drainage system 350ml 2x10 and 1x10, Biotrol integral post-op stoma bag 22215. Tel: 0623 792485.

TRADE LESS 40%+VAT+POSTAGE - 250 Creon 25000 (exp 3/94), 60 Loron (exp 11/95) 8 amps 1mg Myocrisin (exp 3/94), 5 amps 1mg Depixol conc. (exp 1/96). Tel: 081-688 9133.

TRADE LESS 50%+VAT+POSTAGE - 1x28 Lasilactone (exp 9/94), 118 Lasikal (exp 10/95), 54 Kalten (exp 3/95), 64 Isordil 30mg (exp 11/95), 49 Isordil tembids 40mg (exp 5/95). Tel: 0709 522605.

TRADE LESS 25%+VAT+POSTAGE - 112 Bonefos 400mg (exp 2/95). Tel: 0902 790074.

TRADE LESS 50%+VAT - Convatec S362 11 boxes. Tel: 0762 322097.

TRADE LESS 50%+VAT+POSTAGE - Clopixol 2mg tabs 80 (exp 9/97), Allegron 10mg tabs (PI) 100 (exp 5/94), Antepar tabs 40 (exp 6/94), Betnesol tabs 100 (exp 9/94), Exirel caps 180 (exp 9/95), Feldene supps 10x2 (exp 8/94). Tel: 0502 572603.

TRADE LESS 25% - Pulmicort Respules 60x0.25mg, 1x100 Immunovir tabs, 1x50 Creon 2500 caps, 1x250 Lodine 200mg caps. Tel: 0622 717141.

TRADE LESS 40%+VAT+POSTAGE - 4x50 Parlutal 250, 24x2 Picolax, 4x10x1.7l Atrovent solution. Tel: 081-459 4393.

TRADE LESS 30% - 1x4x10g Suprefact nasal spray, 3 Pergonal amps. Tel: 0202 510068.

TRADE LESS 20%+VAT - 1100 22x50 Creon 2,500, 43 Dalacin C 75mg, 50 Megace 160mg. Tel: 0272 511694.

FOR SALE

PHARMACEUTICAL ANTIQUES - Pill machine boxed, Cachet set, brass scales and dispensing set in elegant wooden case. Tel: 0425 610594 daytime or 0425 621384 evenings.

THREE LOCKABLE PERFUME DISPLAY CABINETS - Nearly new 90cmx90cm £125 each. Tel: 0253 25760.

WANTED

MERCEDES 230E - 1 or 2 years old. Tel: 0923 283449.

COLOURS SUITABLE FOR METHADONE MIXTURE - 1mg/ml. Tel: 071-536 4640.

ACCOMMODATION

FLORIDA GULF COAST - Luxury lakeside villa, own heated pool, sleeps 8/10, fly-

drives arranged. Tel: 0493 650915.

DENIA COSTA BLANCA - Luxury villa with panoramic views, sleeps 8/10 own pool, tennis, golf on complex. Tel: 0564 742559.

VILLA OVERLOOKING GOLF COURSE, LAKES & GARDENS - Two bedroom, two bathroom, available except July and August, reception, pool complex, daily

maid service, restaurant, tennis, 50% discount on green fees. Tel: 071-286 2155.

BLACK ROCKS, PORTHMADOG - Luxury holiday caravan to rent, three bedrooms, corner of site by sand dunes, swimming pool, sports, entertainment, club facilities. Tel: 021-604 4600.

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Because demand for free "Business Link" entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

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Aboutpeople

Keeping the customers satisfied

The prescription below was proudly presented by a two year-old local resident last week at H.B. Ness Pharmacy in South Bridge Street, Airdrie.

Explains proprietor Muriel Agnew: "She wanted a prescription like her big sister. We dispensed a Cadbury Easter egg labelled 'One Eggie. To be eaten by Lisa when her mummy tells her to'.

"Medicines should not be treated as sweets, but in this case I am sure it did not do any harm. The result was one happy child not afraid of the doctor."

NP	NO OF DAYS TREATMENT N.B. ENSURE THAT DOSE IS STAYED
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TAB Sweet P

Mitie 1 PACH

From Bali to Romania

Delegates from Unichem's convention in Bali last year donated £2,000 for copies of a "memories" video of the convention. The money will be used to fund the tenth "To Romania with Love" aid trip to Comanesti in May.

Tony Foreman, Unichem's deputy marketing director, on hearing of the lack of healthcare products in Romania, decided to double the fund and gave £2,000 worth of Unichem goods for the trip in May.

Tess Townsend, who organised the convention, said the dystrophic baby unit was particularly in need of help.

"We intend to maintain our support for the immediate future of these vulnerable children," she added.



Four pharmacists from the Norwegian Association of Proprietor Pharmacists (NAPP) joined board members at the National Pharmaceutical Association in St Albans last week. Pictured on the steps of Mallinson House are (left to right): Per Flatberg, a proprietor pharmacist and vice-president of NAPP; NPA director Tim Astill; Inger Lise Eriksen, head of the NAPP's pharmacy management department; Edward Brown, NPA chairman; Bjorn Joldal, a pharmacy proprietor and a member of the NAPP committee of pharmacy management; and Per Kristian Bakkeli, head of the economy and statistics section of the NAPP

Pharmacists' key role in male health

Many men are suffering needlessly and community pharmacists can provide vital health advice and a link between affected men and their GPs.

That was the message from Norman Evans, pharmaceutical adviser for Merton, Sutton & Wandsworth Family Health Services Authority, who was speaking recently at the first UK meeting of pharmacists to discuss men's health.

A recent report has suggested that male health is neglected and

that men are less aware than women of the importance of a healthy lifestyle. They are also less likely to seek advice from their GP, even for conditions which could significantly affect their quality of life.

"The Government has recognised that community pharmacists are key in providing health information to the public," said Mr Evans. "Pharmacists also have a vital role in advising patients should simple measures not be sufficient."



Angus Friday (l) and Norman Evans



Tony Foreman, Unichem's deputy marketing director, presents a £2,000 cheque to Marc Morris, who was adopted from Romania as a baby, for the "To Romania with Love" aid trip in May

PATA election results

In the manufacturer's section of the Proprietary Articles Trade Association, Mr T Simpson of Seven Seas and Mr P Hawkins of Whitehall Laboratories have been elected on the council.

Mr D Linney, Philip Harris Medical, and Mr D Mulholland, Graham Tatford, will be on the wholesale council of the PATA.

On the retail council for 1994-95 will be Mr J Thomas and Mr W Clapinski.

Appointment

Ajay Patel has joined Goldshield Pharmaceuticals to head a new division responsible for the development of distribution links.

At the meeting, which is hoped to be the first in a series, 60 community pharmacists heard that about one-third of all men over 50 are affected by benign prostatic hyperplasia (BPH) and, by the time they are 70, most will have significant symptoms.

Merck, Sharp & Dohme's Angus Friday explained how thousands of men who could be helped with the ensuing urinary problems are neither recognising the symptoms of BPH nor seeking their GP's help in the mistaken belief that it is an inevitable part of ageing.

• A leaflet *Better Prostate Health* will be available to pharmacists from MSD from March.

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OVER
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A specially formulated range of baby
skin-care products suitable in the
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For free stock of the complete
Infaderm range, worth over £16.50* at
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COMPANY NAME.....

COMPANY ADDRESS.....

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COMPANY TEL. NO. SIGNATURE

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WHERE IT
WORKS
NOT
WHERE IT
HURTS



If heartburn is left untreated, hydrochloric acid in the stomach's contents can cause *damage* to the oesophagus.

Gaviscon protects the oesophagus by forming a *physical alginate barrier* which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

Gaviscon stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.¹

Relieve the pain and reduce the damage caused by heartburn. Recommend **Gaviscon**.

GAVISCON
Keeps acid where it works
not where it hurts

Prescribing Information. Active Ingredients: Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 250 Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Gaviscon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviscon Liquid: Adults and children over 12: 10–20ml, children 6–12: 5–10ml liquid after meals and at bedtime. Gaviscon 250: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0103 Gaviscon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **GAVISCON®** and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93 **Reference 1:** Chevrel B. (1980) *J. Int. Med. Res.* 8: 300–302.

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